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ORIGINAL DEPARTMENT.

LECTURE.

DISEASES OF THE HEART—CONTINUED.

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I propose to show you some illustrations of the dilated heart, or dilatation of the heart. This is, probably, as good a specimen as you will ever come across of dilatation affecting all the cavities of the heart. Dilatation may affect but one cavity, or as in this instance, involve all of them. Here is the right cavity, and it is stuffed with hair, to keep it in shape. You will see the thinness of the walls there, and here on the left side you can see it for nearly the whole length of the ventricle. You observe it is very much increased in bulk, apparently, but, of course, very much diminished in weight. This plate represents dilatation of the heart and aneurism. Perhaps you never heard of aneurism of the heart, but there is a thing that is called by that name. Here you observe is marked dilatation of the ventricle, and here is a little dark cone on the top of it; that is a yielding of the heart's wall, and makes, strictly enough, an aneurism, and at last would, if the patient had not died of something else, have ruptured.

Here is a specimen of ruptured heart. It is fatty. The right side is ruptured. In this plate is represented dilatation of the heart, with aneurism on its top, and rupture of the heart. Here are two specimens, I will not say of domestic manufacture, but that have occurred to me. This particular one is the result of a kind of ulceration. I shall explain that to you, probably, in the course of the hour. A part of the heart's structure has been removed. It looks exactly like an ulcer, and in that weakened spot the heart gave way. This, again, is upon the right side. Now, here is fatty degeneration that has weakened the walls of the heart, and it has given way suddenly, and produced, of course, almost instantaneous death.

Before I go on with the matter of rupture of the heart, it is probably best that I give you a few statistics from different authors referring to the frequency of disease in the several valves of the heart. Here, for example, in 300 cases of endocarditis in the adult, 297 were on the left side, 32 on the right side; 268 were confined to the left side, 3 confined to the right side; 29 in both. (Taken from statistics.) In the fœtus and newborn child, the evidence of endocarditis was in 192 cases in the right side, and in 15 in the left. Observe the very marked disproportion between the adult record and the infant record: 192 in the right side in the infant or newborn, 15 only in the left; in the adult 297 out of 300 cases on the left side, but 29 of these were on both sides at the same time. In regard to the particular valve that is most liable to disease, in the 300 cases 255 were in the mitral; a portion of these were in the aortic also, as you will see further on; 129 aortic; in the tricuspid valve, 29; in the pulmonary valve, 3; or one in a hundred. Of these 300, 159 were of the mitral only; 40 were of the aortic valve only; 3 of the tricuspid valve only; and none of the pulmonary valve only.

Here, I have a record obtained from Bouillaud; and observe it is in hospital practice, for children in Paris are sent to a hospital separate from the

general hospital. He found endocarditis occur in 55 per cent. of cases of articular rheumatism. Budd, an English physician, finds it in 48. Fuller, in 23. Wunderlich and Lebert, in 23 per cent. in a hospital for adults.

In regard to embolism, of which I have said something to you, in endocarditis or after it, different parts of the body are the seat of embolism, or parts that obstruct the flowing mass: In 84 cases that were observed in the Berlin anatomical museum, 57 were of the kidneys, but not of the kidneys alone; the kidneys were the seat of embolism in 57 out of the 84 cases. But these emboli are not always single; the spleen was the seat of the same accident in 39 of the cases; the brain in 15 cases; the liver and alimentary canal in five cases only out of the 84; and the vessels of the skin in 14. Of course, in several of these cases the emboli were multiple; that is, different organs being affected at the same time.

Now, with reference to rupture of the heart—which subject we began, but made little progress in it—I told you then, I think, that I do not believe the heart is ever ruptured when it is in a sound condition. You have just seen some illustrations of rupture of the heart, but bear in mind that some previous disease may have existed; it may be there was what they call myocarditis, a form of disease that I have not yet described to you. That produces, as you will see when I shall describe it, a weakening of the muscles here, and makes a place of least resistance, and a place that is liable to give way under the power of other portions of the heart. The specimens that you are examining show fatty degeneration, or rather adipose degeneration, a weakening of the muscular tissue; and through perhaps the middle or one side of this adipose deposit the blood may make its way by rupture of the muscular tissue, for fatty tissue has little consistency, gives but little resistance to the power that is acting on it. Now, if you had the means of determining in what particular cases this adipose degeneration of the heart has occurred, you might anticipate such an occurrence, or rather, you might conjecture that it might occur. And that is about as far as you can go in the diagnosis. I told you when we were last together, that we have no means of diagnosticating fatty degeneration of the heart. You observe in these figures that the organ is not enlarged; you therefore gain nothing by percussion. There is no valvular sound to indicate the presence of any new structure; therefore, auscultation amounts to nothing. The heart beats naturally and easily until the rupture comes. It may come during some period of considerable exertion, and the first you know of it is sudden death—and then you do not know what is the cause of death until you have made a post-mortem examination. So that speculation in this direction is really a loss of time. You can, in the language of Goldsmith, be sure, after she is dead, that her last disorder was mortal, and that is about all you can say. "The doctors found, when she was dead, her last disorder mortal." The accident may surprise you, then, at almost any time. Still, it is not a very frequent occurrence. When it occurs from a weakening of the walls of the heart, of the muscular tissue of the heart, from previous disease, other than fatty degeneration, it will be likely to take you by surprise equally, because there is no murmur, there is no friction sound, there is nothing that is unnatural in the action of the heart, unless, perhaps, occasionally a little feebleness which you can account for in a dozen other ways.

When it follows myocarditis you have no means of anticipating it. It is, then, practically a post-mortem disease, and you can prescribe no treatment.

Now, a few words about myocarditis; and the first word I have to say is, that it is a tautology. We duplicate upon muscle. Still, it is a term that has become current, and we must meet it as it stands. The term means an inflammation of the muscular structure of the heart, and I am a good deal in doubt whether it is really an inflammation.

There you observe, in this upper figure, a very marked change in the walls of the left ventricle. Myocarditis produces at first a little reddening where it is located, and afterwards it comes down to about this color. The disease is local; it does not affect the whole heart at the same time. It may be a spot that you can cover with the end of your finger—at any rate with the palm of your hand—rarely larger. Here is a heroic sort of thing. I ought to have shown it to you before. It is a heart ruptured where once fatty degeneration occurred. Upon its exterior here is a spot of myocarditis which has passed its active stage, and a material that I shall describe to you pretty soon has been discharged from the pericardium. If you lift this up you will see that there is a hole through the wall, and this again is in the right side—the effects of myocarditis, but not myocarditis itself.

The reason why I doubt whether the change that I am going to describe to you is the result of inflammation is, that so far as is known there are no general inflammatory symptoms; no par-

ticular increase in the frequency of the pulse; no known elevation of the temperature of the body. It comes on quietly, while the patient is attending to his business, and nothing is known of it really, except by conjecture. It is occasionally found to follow pericarditis and endocarditis. It affects, perhaps, one-half the thickness of the muscular structure of the heart, and may occur in the septum ventriculorum, or it may occur upon the exterior face of the heart, either upon the left or upon the right side. As it makes its progress the material that is effused is not pus. Examined under the microscope it seems to be made up of a transparent fluid and broken down portions of the heart tissue. It seems to be rather a breaking up of the muscles of the heart, and we can conceive that it may be by obstruction to the circulation of the blood to such particular part. When the disease is matured you find what you would call a little abscess, and what has always been called heretofore a little abscess; but the material, as I stated to you, that constitutes this apparent pus is not pus corpuscles, but debris. This material is so fine you can only recognize its quality by the microscope. It at length is discharged, either outwardly into the pericardium, or inwardly into the cavity that it may be affecting. If the latter accident occur, it may do mischief in the way of producing embolism in distant parts of the system. More frequently it is evacuated exterior to the heart and within the pericardium. And it seems to undergo absorption when it occurs there; is carried away, no remains of it being left. But after this evacuation of the debris of the muscular tissue, and to a certain extent of the connective tissue here, there is a chance for cicatrization. The connective tissue which covers the muscular fibres is of itself sufficient to start a healing process, and if the heart is not overstrained there may be a cicatrix formed over the depression; a cicatrix of fibrous tissue, which, of itself, gives strength to the weakened part of the heart. It may rupture before this cicatrix is formed upon it. When the heart has been in that way affected, and the cicatrization has taken place, you may examine it at post-mortem, and find that it has not ruptured, the cicatrix has been a protection against that; but you find a depression covered by a whitish connective tissue, which is sometimes of very considerable strength. This is, in substance, myocarditis. And you can see now how myocarditis, in the particular specimen I gave you last, may produce a weakening of the muscular structure, so that it can be ruptured. That, together with the effects of the debris, this mixed matter upon the circulation constitutes the whole of the bad history of myocarditis. There is a certain amount of inflammation of the heart itself when there is endocarditis and pericarditis, as I have already told you. The most common result of that, however, is simply an infiltration into the muscular tissue of some serum; a sort of œdema of the heart, which readily goes away after the inflammation has passed off. It is only in rare instances that this myocarditis occurs in the same relation; that is, in connection with endocarditis and pericarditis.

It occasionally happens that a part of the wall of the heart will yield to the contraction, or rather to the pressure of the blood upon it, and pouch out. You have a plate illustrating that now in your hands. That, however, was a thinning of an already thinned heart; a particular part was more thinned than the rest, and yielded, so as to allow a pouch to be formed by the blood within the cavity. More commonly these aneurisms, for they are so called, occur in the inferior and right portion of the left ventricle. It becomes pouched out toward the median line and downward. This occurs sometimes to a very considerable extent. And it will form clots, layers of coagulated blood, as they will form in an aneurism of the popliteal space, or in the aorta, or in any other part of the body. As the blood coagulates in this expanded portion it makes a covering which gives a certain degree of strength to this weakened part of the heart. After this has continued for a considerable time a something of a white color, thick and resisting, of the character of a cicatrix, forms upon it on the inside. But this is not a cicatrix, because there has been no ulcerative process. But here was a weakened portion of the heart, and nature seems to know how to fortify it, and on the endocardium there is thrown out a certain amount of lymph, which becomes organized, forms a new membrane of the connective tissue variety. You do not see that in this plate. You see only the layers that have been separated for the purpose of illustration; layers of coagulated blood that have been imposed and superimposed upon this weakened part of the heart, and they are torn off in such a way as not to show you exactly the relation to the heart itself.

We do not know much about this form of disease during life. It is, when found, almost always after death. We can find an enlarged heart, and from the extension of the enlargement in a particular direction we can infer that it is of the left ventricle, but we can hardly go beyond that. A distinct recognition, before death, of aneurism

of the heart as it usually presents itself is exceedingly rare. I had lately, within a year, I think, a very remarkable case of aneurism of the heart, expanding in an anterior direction, and pushing its way through the intercostal spaces between the fourth and fifth ribs. I am not quite sure that is the point. There was a very decided pulsation. It was a case in Dr. Cole's practice, and he called me in to see it, and I could not make anything out of it but aneurism of the heart. It could not have been aneurism of the aorta, because it was below the point that that aneurism occupies. It pushed the ribs forward a little, and formed a cone in the intercostal space, like that upon the heart already shown you. Dr. Cole watched this patient for some months, and he at length died suddenly, as persons with aneurism are apt to die; and Dr. Cole asked for a post-mortem. He could not get it. The friends would not consent to it. He went to the coroner, and the coroner came and inspected the body, and he said, "Oh, yes, this is aneurism. We know aneurism well enough. A post-mortem is not necessary." And then Dr. Cole resorted to the priest, and tried to induce the priest to persuade them to let such a curious thing be seen; but the priest, even, hadn't the power to persuade them, and the mystery was buried in the grave. Still, I can hardly entertain any doubt that it was of this kind. Cases of the kind, you may understand, are rare; still in the enumeration of diseases of the heart it seems important to say a few words, even of the occurrence of a rare one.

Now, then, I have something to say to you about the heart clot. No, not yet; fibrous degeneration of the heart comes before that, because it is of the heart structure itself. Dr. Quain, who gave us our first ideas of fatty degeneration of the muscular fibres of the heart, a few years ago, described what he regarded as hypertrophy of the heart arising from increase of its connective tissue. He called it fibrous hypertrophy. I have been, from the time he made this statement, a little skeptical in regard to the correctness of his opinion. But during the present winter I have examined by the microscope some specimens that are unquestionably of the character that he described, and a little further on, when you have fewer specimens to handle, I will show you some specimens under the microscope that will illustrate this form of disease. It seems that the connective tissue can take on hypertrophy by itself alone. The quantity of it that may be found upon the spleen, sometimes called a cicatrix, is enormous, and it is perfectly well formed connective tissue, with the fibres and with the nuclei, and it may be half an inch in thickness. The connective tissue in the liver is multiplied very much in certain forms of disease; the connective tissue in other parts of the body occasionally. But in the heart it seems to have had but a recent discovery. All the hypertrophies that have been noticed have been deemed to be hypertrophy of the muscular tissue only. As to the mode in which this particular form of disease presents itself under the microscope, when you make a section of an enlarged heart you follow the muscular tissue a certain distance, and then it breaks up, and in the place of it you find connective tissue, and the connective tissue may be wide enough to reach the whole breadth of the field of the microscope, and no muscular tissue in it. But you see muscular fibres ending, one here and another there, then gone, and then by and by they will be observed again, that is, at a little distance from where they disappeared. It seems then to destroy the muscular tissue when the hypertrophy of the connective tissue is marked. But frequently it seems to occur without being really a disorder. There is always between the layers of muscular fibre of the heart some connective tissue. The bundles are separated by something more than a myolemma, sarcolemma, or whatever name you give it; some real connective tissue thrown in between the sarcolemma of the different bundles of fibres. You see that, in passing a microscope over a thin section of the heart, in almost any instance. Well, this increase in quantity, of course, increases in thickness, and by just so much as it increases beyond a certain point it seems to diminish the muscular fibres by compression; that is, causes their absorption and removal. When, then, this form of disease presents itself in any decided manner, you can easily comprehend that you will have an enlarged heart with diminished power; this deposit is, for the most part, in lieu of, or a substitution for, the muscular fibres, and as it has no contractile force upon itself it will only diminish the strength of the heart. I do not know that we are advanced far enough in our knowledge of disease to distinguish between fibrous hypertrophy and muscular hypertrophy; it requires some further observation; but it is important that you know that there is such a thing as fibrous degeneration of the heart with increase in size. It is a matter that is open to study yet. The study has not been pursued far enough to enable us to lay down rules and principles in regard to it.

Now, then, we come to heart clot. I give a little time to the matter in the lectures, as I used to receive from the graduates of the college long letters in regard to it. I remember one, four sheets of foolscap, written on each side of the page, describing a something that was terrible. A clot had formed in the heart and extended out in the vessels about as far as the examiners could pursue them, and it was wonderful that a man could live with such a thing in his heart; well, he did not. All that formed after he died.

A distinguished physician of Philadelphia wrote a book on the frequent occurrence of ante-mortem heart clot. He thought they were of very frequent occurrence. I do not believe that. That clots can form in the heart previous to death, and may cause death, I fully believe, but the occurrence is rare. I will make you understand that, I think, before we get through. Now, to distinguish between the clot that is formed before death and one that is formed after, there are two or three rules that will be very diagnostic. You come to a heart, the left ventricle of which is filled with coagulated blood, and the blood runs on out through the aorta, and you can follow it to some of the ramifications of the large vessels; or it forms in the right side and extends through the pulmonary artery into even minute branches of the pulmonary vessels, and it does really look like a very formidable thing, and a person who does not understand it would assume that it was as bad as violent death. Now, then, if a clot form in the heart before the heart ceases to beat, it can never be attached to all the periphery of the heart. If the heart has ever beaten upon the clot that has formed in it, the contraction that must follow, if life continues, will separate the clot from all the external walls, from everything except the septum ventriculorum; and when clots are found in the heart that have been formed during life, they are always attached to the septum, usually to the lower part of the septum, where are the greatest number of pectean muscles. The very act of contraction must separate it. If you will think of it for a moment, you will see it cannot be otherwise.

These clots are of two colors, buff and black. The buff is uppermost with reference to the position of the body after death; the dark colored is the dependent portion. Now, what is that buffy coat? Exactly what takes place in the blood when withdrawn into a bowl and allowed to stand. The upper layer has been formed by the sinking of the blood corpuscles into the deeper layer, and that takes time. There is not time between two heart beats for anything of that kind to take place, and the occurrence of a clot with a buffy portion and a dark portion is conclusive evidence that the coagulation took place after death. The heart was full; it died expanded, and the coagulation took place in a manner that would require several minutes to form it, perhaps an hour or two. The blood does not coagulate quickly within the body. It has been estimated that it requires about six hours for the blood to become firmly coagulated after death. Sometimes it takes a much longer time than that, but a quick coagulation does not take place. As the blood corpuscles are a little heavier, under most circumstances, than the fluid portion of the blood, their specific gravity being a little greater, they have time to sink to the deeper portions of the pool of blood, and allow the surface to coagulate with a buffy coat, a yellowish, semi-transparent substance. That, then, is conclusive against the chances of ante-mortem heart clot.

It has been assumed, frequently enough, that the indentation of the clot at the point where the valves are placed is evidence of an impression made upon it by the action of the heart during life. But altogether another thing. When death takes place and the heart ceases to send a current of blood through the aorta, the upper portion of the valve of the aorta falls downward, of its own weight, into the blood; the lateral ones fall a little, but not so much. The anterior is the point where quite an indentation in the coagulum has been noticed; it falls into the fluid blood, and when the coagulation takes place, it will take place about that valve that hangs in it, and, of course, it will leave an indentation in it. So far from being an evidence of ante-mortem clot, that particular thing is evidence that it formed after death. Almost all the clots that are found after death are formed after death in the heart and great vessels.

If the clot has formed before death, and the heart has beaten upon it, it has been compressed, and will be found attached to the lower part of the septum ventriculorum, and not to the walls of the heart, unless it be the very apex. Clots are formed in the heart. Here is a figure of one, and you observe it is rather crab-like in form; it has several legs. We will continue this subject at our next lecture.

—In Kansas the new prohibition law not only forbids the use of wine in the sacrament, but imprisons for two years in the penitentiary the minister who so administers it, and shuts up the church itself as a public nuisance.

COMMUNICATIONS.

CHIAN TURPENTINE, AND ITS EFFECT IN CANCER.

BY HUGO ENGEL, A.M., M.D., F.A.A.M.,
Of Philadelphia.

Cancer is a fearful disease, and especially so if it affects internal organs, as external cancer, if seen in time, may frequently be removed by operative interference, its recurrence sometimes prevented, or life often prolonged for many years, or at least made bearable. But internal cancer is a scourge for the human race. Here its removal by the skilled hand of the most daring surgeon can rarely affect more than to prolong a life, for a short period, which is inevitably doomed to be prematurely ended by the inexorable malady.* Always beginning insidiously, it leaves the patient unaware of its existence until it causes a certain train of symptoms which force the sufferer to seek the aid of a physician, whose grave diagnosis reveals, unexpectedly to the patient, the unavoidable fate that awaits the latter. The diagnosis of this fearful malady once made, death becomes only a question of time; not one of years—nay, of months only. And notwithstanding modern progress has enabled us to suspect even the most obscure case of cancer by the cachectic look, that indescribable appearance of the face with which the formidable disease seems almost invariably to stamp its seal upon the features of the doomed individual; by the rapid wasting of all the tissues of the body, caused by the poisoned blood, which has become unfit to sustain the mysterious process of assimilation; by the more or less sharp or dull, but nearly always constant, pain; by the frequent appearance of a tumor at the seat of the cancer; and by the special symptoms of each individual case, depending upon the locality of the malignant growth; and notwithstanding we may ameliorate the suffering of the patient, it is questionable if, in cases where surgical interference is impossible, the most careful treatment does ever prolong life one solitary minute.

Can it cause wonder, therefore, that every human being dreads this fearful malady, which so certainly ends life within a short period after it has once made its unmistakable appearance? Can we be astonished that even physicians take up with haste every new remedy which is brought, by some accident or through a selfish motive, into public notice as a "sure cure" for cancer? Only a few years ago the whole civilized world turned its eye toward Brazil; the representatives of every nation in that country received letters of inquiry and orders by the thousands; everybody wished to know the truth as regarded the effect of *condurango* on cancer, and the laity, as well as the medical profession, all wanted a "genuine" specimen of it. It became the grave object of diplomatic intercourse; hundreds of articles were published in medical journals, and appeared in secular papers *pro et contra;* and even so high an authority as Professor Frerichs, in Berlin, contended that he had cured an undoubted case of malignant thickening and narrowing of the pyloric orifice with the celebrated remedy;* and now, only a few years later, the commission appointed to revise the new pharmacopœia of the German empire, a commission composed of the highest authorities in the science they represent, has rejected condurango,† which will soon be added to the great mass of obsolete articles of our materia medica.

And now appears a new remedy, or rather a substance known for many years, but never recommended for the purpose it now is. It comes to us from England, heralded as a "sure" means for curing cancer: *Chian Turpentine.* And, again, we have a reputable physician, occupying a responsible position, Prof. John Clay, obstetric surgeon to the Queen's Hospital, in Birmingham, who, basing his opinion upon a number of observations, considers Chian turpentine a "sure cure" for cancer, also recommends it especially for cancer of the stomach, and remarks that it is advisable not to be too precipitate in rejecting a case of uterine cancer on the ground of its being too far advanced for treatment,‡ and cites a case "to the point," in which a woman, who was almost dying, improved so much after a nine weeks' treatment by Chian turpentine, that she was about leaving the hospital with "every prospect of soon being cured." §

When I read this article (about three months ago) of Prof. Clay, I had under treatment one cancer of the uterus and one of the liver and stomach, both of which I immediately put on Chian turpentine. Another case of uterine can-

* As in the cases in which Billroth removed the larynx, and only lately the stomach. *Vide* article, "A Second Resection of a Part of the Stomach, by Billroth." *International Jour. of Med. and Surg.*, March 29th, 1881, p. 295.

* Frerichs published this case, during the height of the "condurango boom," in the *Berliner Klinische Wochenschrift*, but I have not been able to find the number again.

† MEDICAL AND SURGICAL REPORTER, March 26th, 1881, p. 376 *et seq.*

‡ New York *Med. Abstract*, January, 1881: abstract from an article by Prof. Clay, which appeared in the London *Lancet*, December, 1880.

§ Loc. citat.

cer was soon after handed over to me for this special treatment, by the physician in charge of the out-clinic of a large hospital here, and through the kindness of two brother physicians, two more cases were given into my charge, both of which were cancer of the pyloric orifice of the stomach.

Before speaking of Chian turpentine itself, its pharmaceutical history, mode of administration, and its effect in cancer, I will give a history of these five cases, as much condensed as consistent with my purpose.

Case 1.—I. H., forty-nine years old, was visited by me the first time December 5th, 1880. She gave me her history as follows: Never had any serious illness; was delivered of eight children, of which the youngest was then seven years old; and her menses had always been regular, except when enceinte or nursing a baby. About six months ago they seemed to make their appearance oftener, to last longer and to increase greatly in quantity each time. But even before this change happened, she felt as if something was wrong with her womb, as she had frequently recurring sharp pains, of which she formerly never suffered. A fetid acrid discharge had also appeared, her appetite was "non est," and she wasted to a mere skeleton. Her urine seemed of late to come from the vagina, and the discharge from the latter had now a fecal odor. The examination revealed a carcinoma, which occupied the whole neck and part of the body of the womb, the whole cul de sac, the bladder and the rectum. The whole was hard and contracted together into one mass, and from a large ulcer, which had eaten away nearly the whole vaginal portion, occurred a severe hemorrhage the moment I touched it. The discharge was remarkably offensive. As regards pain, sleepless nights, difficult and painful evacuation of the bowels, and the other symptoms of such a pitiful case, they were all present. Being fully convinced that all surgical interference came here too late, I directed my whole attention to ameliorating her miserable condition. I regulated the diet, gave her an anti-dyspeptic mixture* and pepsin, ordered tonics† and a dose of morphia at night, and applied Monsell's solution to the affected parts, keeping them a longer time in contact with it by the aid of a tampon, which application was occasionally repeated. I also prescribed a disinfecting wash, and had the pleasure of making my patient feel quite comfortable after about two weeks of this treatment. Her appetite was improved, most dyspeptic symptoms had left her, the hemorrhage as well as the so very offensive odor of the discharge had ceased, and the parts presented a much cleaner aspect. In this relatively comfortable condition she continued till January 22d, of this year, when I, without interrupting the treatment just mentioned, gave her the Chian turpentine, as will be further described hereafter. Without any change in the symptoms whatever she lived till February 19th, a.c., when she died. There was not the slightest impression discernible, either local or general, which could have been ascribed to the turpentine. The cause of death was sheer exhaustion.

Case 2.—N. G., 64 years old, came under my charge December 17th, 1880. He had the cachectic appearance and fawn yellow color of cancer, and was evidently very much emaciated. He gave me the usual history of cancer of the stomach—vomiting, sour eructations, pain, etc.—and complained especially of a severe pain in the right hypochondrium. On examination I detected a hard, round, uneven tumor, occupying the region of the pyloric orifice of the stomach, which latter was greatly dilated. To the right of this tumor, a little lower down, was a smaller new growth of the same kind; the liver was greatly increased in size, very sensitive to the touch, and very uneven, especially at its margin, and over the liver near the stomach existed a good-sized patch, of about two inches in diameter, of local peritonitis. Here the patient could not bear the slightest pressure. I ordered the application of a large (four by six inches) emplastrum cantharidis directly over the seat of the peritonitis, to be followed by a healing salve,* and this again by an emplastrum conii as soon as the skin was in its normal condition. I then regulated the diet as follows: He should take one tablespoonful of good, pure milk (unboiled, hot, warm or cold) with lime water added (f. ℥ j to Oj), every half hour; every other hour to take in place of the milk about one and a half drachms of finely-scraped raw beef (tenderloin);

*℞. Sodii bicarbonatis, ʒss
Tincturæ nucis vomicæ, f.ʒj
Tincturæ gentian. comp., f.ʒiv. M.
Sig.—f.ʒij t.d. in half a tumblerful of water one hour before each meal.

†℞. Elix. cinchon. calisay.,
Elix. cinchon. ferrat., aa f.ʒiv. M.
Sig.—f.ʒss t. d., diluted with the same quantity of water one hour and a half after meals.

* An ointment which with remarkable rapidity heals the sore caused by a blister:—

℞. Unguent. zinci benzoat., ʒij
Acidi carbolici, gr. iv
Balsam. Peruviani, f.ʒiij. M.
Tere quam subtilissime ut fiat ungt.
Sig.—Externally, ter die.

every fourth hour to add to the milk half a drachm of Johnson's fluid beef, and to have three times daily—morning, noon, and night—instead of the milk, the following: one tablespoonful of barley gruel (made with water, and put through a sieve), half a teaspoonful of powdered stale bread, and half of a soft boiled egg, to be followed by ten grains of Boudeaul's pepsin, which, I will here remark, is so superior to any other pepsin, that no testimony, by whatsoever authority, will ever induce me to use any other pepsin again. I further prescribed a cathartic pill,* to be taken at night whenever there had been no motion of the bowels during the day. The effect of this treatment was magical. From that day the pain almost entirely disappeared, never returning with any degree of severity; all vomiting and sour eructations ceased, and the patient actually gained two pounds in weight within the next three weeks. But he then gradually commenced to lose again, although comparatively continuing to suffer very little, as none of the former symptoms returned, except a slight, dull pain, which never totally left him, but did not seem to annoy him much. January 22d I put him on Chian turpentine, and kept up that treatment until February 14th, when he died of exhaustion. The turpentine had no effect whatsoever, either on the size or hardness and shape of the tumor over the stomach, or on the size and irregular outline of the liver, or on any general or local symptom or sign.

Case 3.—B. McC., 52 years old, complained of lancinating pain in the lower part of her abdomen, a fetid discharge from the vagina, hemorrhages, want of appetite and gradual loss of strength and flesh. The neck of the uterus was very hard and uneven, and a corroding, ugly looking ulcer, which bled at the slightest touch, occupied the whole lower and a small segment of the upper lip. She was handed over to me for treatment February 12th. The same day I commenced to give her Chian turpentine, and continued to do so till March 27th, when, not having improved in the least, but, on the contrary, having steadily become worse, she left me, in utter disgust with the treatment. I now regret that I lost over six weeks in such an utterly useless manner, when surgical interference in the beginning might have prolonged or even saved her life. The ulcer had greatly increased in size, occupying the whole neck, and the hardness had extended up to the body of the uterus and the left broad ligament, involving the left ovary and surrounding parts.

Cases 4 and 5.—P. McI., 59, and Ch. S., 71 years old, were given in my charge January 25th and January 28th, respectively. The history of both patients was similar. They had been rapidly losing strength and flesh for some months past, and complained of vomiting and of pain in the epigastric region, where both exhibited a hard, uneven tumor. The only difference between them, as regards their pathological condition, was the fact that McI. would vomit a few hours after every meal, and S. only every night, when his stomach would eject nearly all the food the poor fellow had eaten during the day, in a state of highly acid fermentation. I put them both on Chian turpentine, *without interfering with their usual diet or giving them any other directions or remedies.* March 14th, after I had, therefore, continued this treatment for the full period of six weeks, they were not only not improved in the least, but rapidly getting worse, both, especially S., becoming fearfully emaciated. In both, the tumors had decidedly increased in size and hardness, and the dilatation of the stomach become enormous, more so in S., who had, on several occasions during the last week, vomited large masses looking like coffee grounds, indicating hemorrhage from the stomach. It was only with the greatest difficulty that I persuaded them to continue the treatment, and my promise alone, that I would stop it after six weeks, when the benefit (?) would become apparent, caused them to continue with me. As regards S., I was afraid he would not live long enough to see if I kept my promise, but being bent on giving the Chian turpentine a fair trial, I carried out the treatment. On the day mentioned, March 14th, I discontinued the turpentine, and put them on exactly the same treatment which I described somewhat at length in the case of N. G. A decided improvement began at once. Vomiting and the sour eructations ceased, and the occasional application of leeches, or of a blister and of a conium plaster, made them comfortable as regards the pain in the epigastric region. They both assured me that they were now convinced of the effect of the former (Chian turpentine) treatment, and of their eventually getting well, never dreaming to what cause the change in their condition actually was due. Poor S., though, did not enjoy the respite

* This pill is certain in its effect, causing no griping, and is especially of value in cases of disturbed portal circulation, hemorrhoids, etc.:—

℞.	Podophyllin,		gr. ¼
	Pulv. aloes soc.,		gr. j
	Extr. hyoscyam.,		gr. ij
	Glycerin.,		
	Gum acaciæ,	aa	q. s.

Ut fiat pilula.

Sig.—Take at night, when necessary.

long; he died on April 2d. McI., who, before this dreadful malady affected him, must have been a remarkably strong man, is still holding out and following my directions to the very letter, and is, as far as symptoms are concerned, unconscious of the doom which must inevitably be very soon his also.

The foregoing are not "picked" cases, but were taken as I could get them. As only several and very high, trustworthy authorities could make me believe in any remedy, as being a "sure cure" for cancer, I never would, perhaps, have paid any attention to this Chian turpentine treatment, had I not had accidentally on my list two cases of cancer, when first reading Prof. Clay's article thereon. Though, before I draw any conclusions* from the cases given above, I wish to make a few remarks as regards the remedy itself.

Having read only lately, that no genuine Chian turpentine was in the market,† I will give a description of the article which Prof. Clay himself‡ considers to be the genuine turpentine.

Genuine Chian turpentine has a fragrant, well marked odor, which becomes readily perceptible when rubbing a small portion between two fingers. It must not have a strong odor of pine wood, should possess a pale amber color, and be free from impurities; if whiter, and resembling glazier's putty, it has been well washed with water, to free it from impurities, and water can be easily forced out of it, if a portion is subjected to pressure between two pieces of glass. Its taste should be mildly terebinthinate and readily disappear again. If, at first, it seems tasteless and then assumes a bitter, nauseous flavor, causing eventually a strong, sickening sensation at the back of the throat, and adheres to the fingers, it may be turpentine gathered in Cyprus, but not Chian turpentine. Lastly, if a small portion of the genuine drug be placed on a piece of glass, and exposed to the atmosphere, it thickens considerably after this exposure. Should such evaporation not take place, the article is spurious.

We will see, now, what that standard and most reliable work—completer and fuller of information than which no language possesses one—the "Dispensatory of the United States," by Wood and Bache, has to say on that subject.* I can only give a very short abstract from it.

"Chian Turpentine is collected by incisions made during the summer in the bark of pistacia terebinthus, chiefly in the Islands of Cyprus and Chio, the latter of which gave it its name. It is, if unadulterated, a thick, tenacious fluid, of light greenish-yellow color, has a penetrating but more agreeable odor than other turpentines, and a mild taste without bitterness. On exposure to air it speedily thickens. As each tree gives only a small quantity, the Chian turpentine commands a high price even in the place where it is procured. Very little of it reaches this country."

My apothecary procured me Chian turpentine from one New York and two Philadelphia firms. Two of the specimens were evidently spurious, but the third coincided so exactly with the descriptions of the genuine given above, that there could be no doubt of its being Chian turpentine. The drachm of it was sold for ninety cents. I believe that as soon as the wholesale druggists become convinced that no "Chian turpentine boom" can be expected in this country, the price will fall down to about three dollars per ounce, which seems to me to represent somewhat nearer the commercial value of the article. How much the late earthquake in Chio may influence the market I cannot guess.

Prof. Clay lays the greatest stress on the mode of administering the remedy. This fact alone should have made me somewhat suspicious, as Chian turpentine, if really a sure cure for cancer, will act, no matter how, if only given *secundum lege artis*.† The best mode of prescribing it is in pill form‡ or in emulsion,§ the dose for an adult being three grains, increased gradually to five.

Now as regards the conclusions that may be drawn from the above mentioned cases: I premise that whenever the effect of a new remedy is to be tried, it is necessary to give to the patient nothing else whatever which by itself may influence the malady, if the results obtained shall be reliable. We should further

* My conclusions coincide fully with those arrived at by Henry Morris, M.A., M.B. (New York *Med. Abstr.*, March, 1881, p. 90: abstract from article in London *Lancet*, February.) When my article had been written, I asked the Editor of the MED. AND SURG. REP., Dr. D. G. Brinton, for the January number of the New York *Med. Abstr.* (containing abstract of Prof. Clay's article, as I had mislaid it, and Dr. Brinton sent me at the same time, Mr. Morris' article, which I then saw for the first time (about April 1st).

† *The American Specialist*, April, 1881, page 63, *et seq.*

‡ Loc. citat.

* Twelfth edition, 1868, pp. 831 and 833.

† Did Liebreich give explicit directions, how to prescribe chloral, when he recommended it as a most certain hypnotic? He only advised us as regards the medium dose.

‡ ℞. Terebinthinæ Chianens, grs. lxxij usque ad cxx.
Pulv. liquirit., q. s., ut fi. pil. No. xxiv.
Sig.—One pill t. d.

§ ℞. Terebinthin. Chian., grs. lxviij–cxx
Vitelli ovi,
Aquæ destillat., aa q. s., ut fiat emulsio,
ad f.℥vilj.
Sig.—f.℥ss t. d.

not forget, as Mr. Morris correctly remarks*, that cancer often comes to an apparent standstill for a longer or shorter time.† As regards the length of time I put my patients under the Chian turpentine treatment, I considered four to six weeks fully sufficient to test the merit of the remedy, as Prof. Clay has found during the same period a decided improvement in his patients. Examining now my cases, the following conclusions must be arrived at.

If Chian turpentine is administered alone, and no further directions are given as to diet, disinfecting, symptomatic treatment, etc., it shows not the slightest effect whatever, neither on the local disease nor on the general cachexia, and the cases rapidly get worse.

If all possible means are taken to remove everything which might irritate the malignant growth, increase the severity of the symptoms, and favor the dangerous consequences of the cancer (as, for instance, overloading of the stomach in cases of cancer of the pylorus, thereby causing dilatation of the organ, highly acid fermentation and earlier ulceration of the new growth), if symptomatic treatment is carried out as far as is in our power, we are able to make life bearable at least, and to remove many, if not, as in some cases, almost all annoying symptoms. If Chian turpentine be now given, after the patient has received the benefit of the treatment just mentioned, and while continuing the latter, the apparent improvement goes on, but the turpentine has here again no further influence whatsoever.

If Chian turpentine is given at the same time when the treatment is adopted, of which experience has shown us that it will ameliorate the case and remove many, or lessen the degree of severity of many symptoms, the cases will immediately take on a different aspect, and will apparently improve, but not more so than if the latter treatment alone had been instituted, without any Chian turpentine.

Chian turpentine influences, therefore, the local and general symptoms of any case of cancer less than a symptomatic treatment, based upon a correct knowledge of the case and of its evil tendencies; nay, it has, given alone, no influence whatsoever, and is utterly useless, producing not the slightest effect.

Where surgical interference is impossible we can only try to ameliorate the condition of the patient, who is doomed to die. This is a testimonium paupertatis, but the truth; and at present we can only console ourselves with the old Roman adage: Ut desint vires, tamen est laudanda voluntas. But if any new remedy is again brought forward as a "sure cure" for cancer, a remedy which would be a present of the greatest value to suffering humanity, we had better remember the words: Quidquid id est, timeo Danaos, et dona ferentes; and never forget: Quidquid agis, prudenter agas et respice finem.

812 *N. Fifth street, Philadelphia.*

* Loc. citat.

† As for instance in pregnant women, affected with cancer. During pregnancy the cancerous growth will, in most cases, not further develop itself; the cachectic and other symptoms will mostly cease; but, pregnancy being over, the progress of the case will now be the more rapid.

SURGERY, AS PRACTICED BY THE INDIANS.

BY H. M. M'CLANAHAN, M. D.,
Of Montana.

This branch is not enveloped in a cloud of mystery and superstition, as is the practice of medicine, although far from being free from it. The reason is obvious. The causes of disease are not always manifest, even to the most cultivated, while to the Indian it is entirely a subject of speculation. However, the relations between cause and effect, in many surgical injuries, are so evident as to convince the most ignorant. But self-evident as the cause frequently is, the Indian is not satisfied with that alone, but goes further and seeks for a first cause to account for the accident, and here the influence of spirits is admitted. Some higher power must have influenced the horse to fall, or the bullet to strike him. Holding such beliefs, it will not seem strange that the Indian, before going to war, or to hunt, should endeavor to prevent accidents. This he does by "making medicine" before commencing the journey. Now, "making medicine" is a comprehensive term, and may mean songs, dances, supplications, or the wearing of charms. Before starting, the Indians will make dances, and sing songs to the gods, and wear about the body pieces of cloth, skins, etc., as charms. Thus equipped, he is ready for war or the chase. He now pretends to believe that no harm can come to him. I believe this is the reason why the Indian, at times, displays such courage, for naturally he is a coward. If, as often happens, the charmed Indian is injured, he does not lose faith in the charm, but explains it away by asserting that either his medicine was not strong enough, or the enemy's was stronger.

If a wound takes on morbid action it is attributed to evil spirits.

Further views as to their ideas of cause will be given as various orders are taken up.

First, the treatment of wounds, however caused, involving injury to or destruction of tissue. There are certain general principles of treatment which are generally recognized, among which may be recognized arrest of hemorrhage, removal of foreign bodies, and protection of the injured part by coverings.

For arresting hemorrhage they simply apply compresses over the seat of the injury. A favorite application is the spider's web, applied intact. The blood, becoming entangled in the meshes, clots. In urgent cases, anything, as grass, dried leaves, and the inner bark, or pieces of blankets, is used. The Indian is aware that violent hemorrhage, uncontrolled, means death.

The primary dressing is left in place until removed by ulcerative action. Then the wound is examined, and any foreign bodies, as shreds of cloth, pieces of wood or earth, are removed. In rifle wounds the ball is not disturbed, unless in sight. They are not inclined to meddle, confining attention to the surface. As an application, marrowfat is probably most frequently used. Another favorite ointment is the fat of the prairie dog. In washing the wound, cold water is used. General or local fever is considered as evidence of the intervention of evil spirits, and not as a necessary result of the local lesion. In such cases the "medicine man" exerts his powers to dispel the evil genii. His manner of conducting the scaring process was described in the preceding article. The procedure would be the same in this instance. They have no fixed times for changing the dressings; as a rule, so long as the patients are comfortable the wounds are not molested.

Complications, as erysipelas, gangrene, and pyæmia are very rare. I have never seen such complications. Medicine men, however, tell me of cases where the flesh turned black. They said that in such cases the patients invariably died. When asked the reason, the reply was, "too strong for our medicine."

While a digression, the following facts may be of interest: The air of the lodge is charged with wood smoke, from the open fire on the ground. There is free interchange of air. Meat hanging in the lodge is perfectly preserved at all seasons. I have thought the absence of the complications alluded to might, in part, be due to the antiseptic properties of the smoke. In punctured wounds the medicine man sometimes desires to introduce substances into the wound. For this purpose he procures the wing bone of the wild goose and removes the marrow. To one end of this is attached a piece of small intestine. The bone is then introduced into the wound, and the medicine into the intestine. Then, by drawing it between the fingers, the substance is forced through the bone into the cavity of the wound. Such is an outline of the Indian's manner of treating wounds.

We next proceed to give the treatment of fractures and dislocations. Most of the accidents of this class occur during the chase of buffalo. In civilized life many fractures are due to falls. Such causes almost never occur among the Indians. They wear moccasins, which have flat soles, and do not cramp the feet. The moccasin is made of rawhide, and does not become smooth, as does tanned leather. In compound fractures the treatment is more elaborate than in simple fractures.

The following is the treatment for that form: First, reduction by extension and counter extension. Some of the Medicine men acquire considerable skill in manipulation, and their results are creditable. Next, all the openings are filled with extracts. Then, over all, is smeared a coating of the scrapings of rawhide boiled in water. This forms a gelatinous layer, having considerable force. Over this and around the entire limb is placed a covering of fine inner bark; the limb is then ready for the splints. The splints are made from willow or other wood, quite thin, and from one to two inches in width, and made long enough to extend the entire length of the bone. They are placed about one inch apart, and entirely around the limb, being held in place by circular strips of cloth. If it be an arm, it is carried across the chest and retained by a circular bandage about the neck. If a leg, the patient remains in the recumbent posture for some days; but not during the entire time of the healing process. The rule is for the patient to commence to walk as soon as he can bear the weight of the body upon it without causing pain.

In simple fractures the treatment is not so elaborate. The splints are applied next the skin, in the same manner as in compound fractures. The original dressings are not changed unless, from swelling, the arm becomes painful. In comminuted fractures the limb is dressed as in compound fractures. When spiculæ of bone, thrown off by the efforts of nature, appear on the surface, they are drawn away, but are not searched for. I have never heard of the Medicine Man performing an amputation, and in severe comminuted fractures death often results.

In dislocations the treatment is similar to that in fractures. From what I have seen, I judge

the reduction is often imperfectly accomplished. The joint being bound up in splints until pain has ceased, the result is frequently a stiff joint. I saw a case, where the middle finger had been dislocated backward upon the dorsal surface of the articulating metacarpal bone. It had not been replaced, and the result was an artificial joint, allowing of considerable motion. The head of the metacarpal bone was partly absorbed, so that the contour of the joint was not greatly changed. The finger *appeared* much shorter than natural.

In common with all other races of man, the Indian suffers from venereal diseases. He is aware of the existence of such diseases. He is ignorant of the fact that secondary and tertiary forms are the result of the primary disease. They are looked upon as distinct diseases. The following dialogue will illustrate his ideas of cause. The victim is suffering from gonorrhœa:—

When did you get this? "Last week." Did the woman have any disease? "No." How did you get it then? "She made bad medicine, so as to give it to me." The victim was very indignant to think she would play such a mean game on him.

This idea that a woman can give a man the clap at will, is the cause of frequent domestic disturbances.

The treatment consists in taking, internally, a balsam that is collected from the wild cherry and other trees. They use no injections. What the result in these cases is, in many cases, I do not know, but I have never seen a case of stricture, and have never known of one to suffer from retention of urine.

For syphilis I have never been able to learn of any treatment. As before remarked, it is not recognized as a distinct disease, and its manifestations would be treated as distinct lesions. As a clinical fact worthy of notice, I can say, as the result of my observation, that syphilis does not make the terrible ravages as among civilized people. Inherited syphilis is more marked than acquired.

Counter-irritation is a favorite form of treatment for many ills.

The instrument employed is a piece of flint drawn to a sharp edge. The skin is scored until blood exudes freely. This treatment is employed for all swellings and tumors, and any deep seated pains. For painful forms of ophthalmia scoring the temple is frequently employed. But it is while mourning that this practice is most universally employed. I saw one woman whose entire body was lacerated in this way, so that she left blood-stained marks in every impress of her feet.

In incontinence of urine the treatment generally is the sweat house, but sometimes the Medicine Man will attempt to draw off the urine, using for this purpose a quill. It is not passed into the bladder but only part way along the urethra. It often happens that there is a free flow of blood following this procedure.

Considering the severe winters in this latitude, it is surprising how few suffer from frostbite. Most Indians paint the face with vermilion, daubing it on thickly, which, I think, protects it from the cold somewhat. Then they very seldom apply water to the surface of the body in winter. To protect the feet, fine dry grass is placed inside the moccasin, which produces friction, thus maintaining the heat of the part.

Such is an outline of the Indian's idea of the practice of surgery. Experience has taught him a few facts, but I doubt if he is any wiser than his ancestors were in the year 1492. If he should live for ages to come uninfluenced by the whites, he would know no more than he does now.

Hospital Reports.

PHILADELPHIA DISPENSARY FOR SKIN DISEASES, AND SPECIAL CLINIC FOR SKIN DISEASES AT THE NORTHERN DISPENSARY.

An Analysis of Six Hundred and Fifty-three Cases, With Remarks on Treatment.

By H. W. Stelwagon, M.D., Physician in Charge.

During the year 1880 six hundred and fifty-three patients were registered. In this number were observed fifty distinct diseases.

In the accompanying table only those affections of which four or more cases were noted are mentioned, representing six hundred and fourteen patients. In the remaining number, thirty-nine, were three cases each of herpes, simple erythema, vitiligo and condyloma; two cases each of epithelioma, lichen planus, comedo, herpes iris, scrofuloderma, atrophy of the nails and ecthyma; one each of morphœa, dysidrosis, milium, lupus vulgaris, lupus erythematosus, alopecia areata, hypertrophy of the nails, sycosis parasitica, lichen pilaris, pernio, zanthoma, sebaceous tumor and alopecia simplex.

The first twelve diseases tabulated are representative of five hundred cases, more than seventy-five per cent.

Eczema, by far the most common of all, occurred in thirty per cent. of all the cases.

This disease was seen in one-third of the cases in those under the age of fifteen. Males and females were equally affected.

Old chronic eczema rubrum of the legs was very frequently encountered. The papular form was also quite common, as was likewise the im-

petiginous variety, this last chiefly in young children. In the majority of cases the general health seemed unimpaired.

The almost constant co-existence of digestive derangement, however, particularly of constipation, was recorded. In a number of instances a hereditary tendency was disclosed.

The *syphilodermata* were seen in over ten per cent. of the cases. The papular form predominated; and in this the papulo-squamous, the so-called psoriasis syphilitica, was largely represented. The almost identical appearance of this eruption with the patches of simple psoriasis was, in some cases, remarkably striking. In the several cases of the tubercular syphiloderm there existed but one or two patches; and in these the tubercles were arranged in a peculiar, circinate manner, the patch originally beginning as a ringed group and gradually extending at the periphery by the accession of new tubercles, the centre in the meanwhile becoming free from the eruption, leaving, however, a slightly pigmented condition of the skin. This form, in which there was no tendency whatever to ulceration, was seen in but two instances.

The circinate, serpiginous form, in which *ulceration* attended, was not so infrequent. In these localized tubercular eruptions, the similarity to lupus vulgaris, as was shown in the cases referred to, was very great. The long duration and slow progress frequently observed in this syphiloderm, when uncared for or inefficiently treated, was exemplified by one of the few cases which came under observation. The pustular eruption was seen in four instances, and in each there was and had been considerable impoverishment of the general health. There was also in these four cases marked glandular enlargement, and in two, iritis had supervened.

Urticaria was noted in six per cent. of the cases; in more than half as an acute affection. Of the chronic cases, the greater number were in children, in those under the age of fifteen, and in the papular form—urticaria papulosa. The presence of dyspeptic symptoms was frequently noticed. The affection seemed to have a predilection for those of a nervous temperament.

A large number of the cases of *dermatitis* resulted from exposure to the poison ivy. The effects produced varied from the simple erythema to the severe bullous inflammation. In the latter cases there was slight constitutional disturbance.

Pruritus cutanea was observed in over three and a half per cent. of the patients. In nearly all, the patients had passed the fortieth year; four-fifths the fiftieth. In several of the severe cases Bright's disease was observed to coexist. The existence of diabetes was not noticed. Two-thirds of the cases occurred in males. In several the disease was limited to the parts about the genitals.

Psoriasis was observed in the same proportion as pruritus; that is, in three and seven-tenths per cent. The eruption was, as a rule, general; two cases noted, however, in which the scalp alone was diseased. The extensor surfaces of the elbows and knees were in a large percentage primarily affected, but not so large a number as to be corroborative of the great stress usually laid upon this point. In one of the cases the subject was a child under four years. The disease had already existed a year, and presented the same general aspect as in the others, probably less inflammatory. The eruption was typical of the variety known as psoriasis guttata, except on the extensor surfaces of the elbows, where the patches were confluent.

As many as twenty-one cases of *impetigo contagiosa* came under treatment. All were seen at the Northern Dispensary. The disease, as was subsequently learned, seemed to be confined to the northeastern section of the city, where it prevailed to a great extent.

Herpes zoster was observed in sixteen instances—two and four-tenths per cent. The eruption was most frequently seated upon the thoracic and lumbar regions. The right and left sides about equally. In but few of the cases was pain a very prominent symptom. In more than half there was no acknowledgment of premonitory neuralgia elicited. Neuralgia of the parts was frequently complained of in the course of the disease, but was of moderate character. A poor condition of health was remarked in nearly all.

Furunculosis was recorded in a little more than two per cent. of the cases. In nearly every instance a broken down condition of the system existed. Even those whose appearance was indicative of a fair standard of health, upon inquiry, admitted a previous reduction in the health forces. The upper region of the body seemed preferred.

In the cases of *erythema multiforme*, the papular form of the eruption predominated. Except one case, which was observed in winter, they all came under treatment during spring and fall, and all in those under the age of fifteen. In two cases were noted pain and swelling of some of the joints, but in both, these symptoms proved of short duration and trifling import. This affection occurred in the proportion of two per cent.

Twelve cases of simple *impetigo* were noticed. In none, so far as could be ascertained, had the pustules been produced by any local irritants, such as pediculi, or other vermin. Almost all the patients with this affection came under treatment during early fall. General condition was noted to be below par.

But few of the remaining diseases call for special remarks in a general analysis of this character.

Rosacea was seen in its milder forms in ten cases, chiefly in unmarried women, usually suffering from some uterine disease.

In two (brothers) of the cases of *favus*, the scalp was the part affected, and almost in its entirety. The disease had already existed for several years. The hairs were dull, split, and broken off, and in places were bald atrophic areas, giving the head a peculiar, scarred appearance.

In the remaining two cases the disease was seated on other parts. In each of these latter, the characteristic yellow cup-shaped discs were beautifully shown.

In one of the nine cases of *tinea versicolor* the

disease extended down the abdomen as far as the pubes, and down the arms to several inches below the elbow.

Hyperidrosis was recorded in four instances, in all of which the affection was limited to the feet, and especially the soles. In all, the occupation of the patient was such as required constant standing.

But two cases of *epithelioma* were treated. These were of a superficial character. Both patients had passed middle life. There were no subjective symptoms.

Two cases of *lichen planus* were recorded. The flexor surfaces of the wrists and forearms were the parts on which the eruption was seated. The disease was symmetrical, and had existed many months. The square, flat, purplish, glazed and irregularly grouped papules were characteristic. The general health appeared normal.

In one of the two patients with *herpes iris*, the eruption was most beautifully exhibited. The arms, legs, and trunk were, to a great extent, covered with the rainbow-colored patches, each consisting of several concentric rings. The vesicles were small and abortive. The last vestige of the eruption disappeared at the end of three months.

Of the remarks on *treatment* following, it is not intended that they should be much more than general in character. Of the use of new remedies but little will be said, as such, when occasion warrants, will be otherwise communicated. Treatment of skin diseases, as practiced at dispensaries, must, of necessity, if expected to be carried out, be the simplest possible. Also, as regards the matter of economy, there must be some consideration in prescribing. Yet, with these disadvantages, the results in the cases reported were gratifying. The success, in many cases, was not so much due to the particular medicine, lotion or ointment used, as it was to the fact that in every case minute directions regarding the mode of application and the necessity of persevering attention to the same were given.

In the cases of *eczema* in which there was considerable accompanying inflammation, diachylon ointment proved of the greatest service. Oxide of zinc ointment, with an equal part of cosmoline, was found also very soothing. In the less inflammatory cases, white precipitate ointment, of varying strength, was advantageously employed. In the dry, scaly forms, the preparations of tar were relied upon. The fact that tar disagrees with some skins should not be lost sight of. In old cases of eczema rubrum of the leg, the rubber bandage was ordered, when the patient could afford it, and with the greatest advantage. In not a few cases the use of this bandage, with an occasional washing of the parts with a weak solution of carbolic acid was followed by rapid improvement, and eventually by full relief. In place of the carbolic acid solution, a lotion of salicylic acid was often employed, and apparently with about the same benefit. In the papular forms of the disease, oil of cade, in alcoholic solution, and also a wash of carbolic acid, were used with some success. In all cases an endeavor was made to ascertain the predisposing cause, and if any could be detected, the constitutional treatment was directed against the faulty condition discovered. Arsenic was found most useful in the chronic scaly disease. In children the continued administration of cod-liver oil appeared to be of considerable benefit, and a small dose of calomel was ordered about every second or third day. In adults an aperient tonic mixture gave good results.

In the *syphilodermata*, no local treatment was employed, except in the tubercular and ulcerating forms. In these the constant application, in the form of a plaster, of mercurial ointment of about half strength, aided materially in effecting a disappearance of the eruption. In the early secondary eruptions the proiodide of mercury was given. In the late syphilodermata a combination of corrosive chloride with iodide of potash proved of most value.

In *urticaria*, in acute attacks, especially where digestive disorders seemed to be the cause, antacids and laxatives were prescribed. In those chronic and troublesome cases of the disease, quinine, in tolerably large doses, was of the most value. Atropia was given with fair results, but quinine seemed more certain. In those cases also, where there were dyspeptic symptoms, muriatic acid and pepsine were ordered.

In *non parasitic sycosis*, the application of diachylon ointment and daily shaving were followed by rapid improvement. After a certain point was reached, however, the affection was not so responsive. Stronger applications were then made, and epilation practiced.

In *phtheiriasis* of the *scalp*, simple petroleum was ordinarily used, and with good results; care was taken to protect the neck and face.

In *phtheiriasis* of the *body*. thorough cleansing of the clothes and person, when practicable, was the quickest and most satisfactory method.

In *dermatitis*, from rhus poison, the simplest, and about as efficient as any application, was lead water. A weak solution of carbolic acid was also of use.

In *pruritus*, if any faulty condition of the system existed, the same was corrected. Some benefit, in several cases, was derived from large doses of bromide of potash. Local applications of the various antipruritic lotions were made, with varying results. Probably, carbolic acid in proper solution was the best.

In the local treatment of *psoriasis*, reliance was placed in three remedies: chrysophanic acid, pyrogallic acid, and oil of cade. Each was applied in the form of an ointment of the strength of from a half to one drachm to the ounce of adipis or simple cerate: oil of cade often in greater quantity. Chrysophanic acid was quickest in its results, but on account of the severe inflammation of the skin it sometimes causes, the least generally applicable. Pyrogallic acid was probably most used. The removal of the scales was best effected with sapo viridis.

In proper cases, arsenic was given with decided advantage; especially useful in the older and less inflammatory symptoms. Where there was constitutional impairment, cod-liver oil and iron were given.

In the cases of *acne*, various plans of treatment were tried. In scrofulous patients, cod-liver oil

was of essential service. In the more inflammatory acne, great benefit was derived from small doses of Epsom salts, taken well diluted, once or twice daily, before meal time. Where dyspepsia existed appropriate remedies were given. Of the local applications, the best were an ointment, or lotion of sulphur, and a lotion of corrosive sublimate. In the indurated form, local scarifications were decidedly curative. In all cases where comedones existed the same were ordered to be pressed out. Nightly washing of the *face* with hot water was of some advantage.

Herpes zoster was treated on general principles: local application, merely for protection, and quinine internally. Phosphide of zinc was given in a number of cases, but not enough to warrant an expression regarding its value. Where there was coexistent neuralgia, morphia and atropia were ordered.

In the treatment of *furunculosis*, sulphide of calcium was given, but without the success so urgently claimed for it. It is possible that the cases were not suitable, but even in those where there was no apparent disturbance of the natural vigor, after a fair trial the remedy was discarded. Fowler's solution, with large doses of tr. ferri chlorid , was prescribed with greatest confidence.

But few of the remaining diseases need to be noticed, in regard to treatment pursued.

In *scabies* an ointment composed of about a drachm each of washed sulphur, balsam of Peru, glycerine, to the ounce of lard or simple cerate, was successfully used.

In *rosacea* stimulating lotions and ointments seemed of value. At the same time the necessary constitutional treatment was ordered. The disease frequently improved upon treatment directed toward strengthening the digestive power. Where there was existing uterine disease, the same was ordered to be treated, and generally with improvement of the rosacea.

In *tinea tonsurans* and *tinea favosa*, chrysophanic acid appeared of some advantage, but unavailable on account of the unsightly staining it causes.

Carbolic acid, in varying proportion with olive oil, as high as equal parts, was of greatest value. Epilation was essential in cases where the disease had existed any length of time. Frequent washing of the whole scalp with a weak solution of carbolic acid was found of the utmost service in preventing the disease from spreading.

In the four cases of *hyperidrosis* of the feet, an ointment of tannic acid, applied in the same manner as was advised by Hebra in the use of diachylon ointment, was followed by success.

In the cases of *epithelioma*, an ointment of pyrogallic acid (ʒj–ʒj) was applied as a plaster, and proved curative.

As already remarked, in all cases of the various diseases coming under notice, the necessity of thorough application was emphasized, and where treatment was persisted in, the results were satisfactory.

An interesting observation was made regarding the frequency of different diseases as seen at the *special* Dispensary and at the *general* Dispensary. An analysis based upon the cases seen at one dispensary would be entirely different from that based on those observed at the other. When a sufficient number of cases shall have been recorded at each Dispensary, a comparative analysis will be made and the results communicated.

	Whole number of cases.	Under the age of 15 years.	Over the age of 15 years.
Eczema	195	68	127
Syphilodermata	68	7	61
Urticaria	40	13	27
Phtheiriasis	30	18	12
Dermatitides	25	9	16
Pruritus	24	0	24
Psoriasis	24	4	20
Ulcera	22	0	22
Impetigo contagiosa	21	19	2
Acne	20	1	19
Herpes zoster	16	5	11
Furunculosis	14	4	10
Erythema multiforme	13	13	0
Impetigo	12	10	2
Scabies	11	6	5
Sycosis, n. p.	10	0	10
Rosacea	10	0	10
Seborrhœa	10	0	10
Miliaria	10	7	3
Tinea circinata	10	8	2
Tinea versicolor	9	0	9
Tinea tonsurans	4	4	0
Tinea favosa	4	3	1
Verruca	4	0	4
Purpura	4	1	3
Hyperidrosis	4	0	4

EDITORIAL DEPARTMENT.

PERISCOPE.

Tracheotomy Without Tubes.

Dr. Alfred C. Post, of New York, writes, in the *Annals of Anatomy and Surgery*:—

My personal experience in tracheotomy without tubes, according to the method suggested by Dr. H. A. Martin, of Boston, is confined to two cases. In both of these cases the operations were performed as preliminary measures to facilitate the continued administration of anæsthetics, and to guard against the entrance of blood into the bronchial tubes in protracted and bloody operations involving the nasal and buccal cavities. In each instance the practical result was, in the highest degree, satisfactory, as compared with the operation as ordinarily performed with the introduction of a tracheal tube. The opening into the trachea was larger and more direct, not liable to be clogged with mucus, and unattended with the irritation which is often occasioned by the pres-

ence of the tube. The fauces being distended with a large sponge, having a strong cord attached to it, and hanging out of the mouth, scarcely any blood found its way into the trachea. The small quantity which escaped into the respiratory tube was readily absorbed by a small sponged attached to a handle. The apparatus for administering the anæsthetic was applied over the tracheal opening as often and as long as was found to be necessary, and without interfering in any way with the progress of the operation. As far as my limited experience in these two cases will warrant an opinion, I am disposed to recommend, in the strongest terms, the operation without the introduction of a tube.

When tracheotomy is performed for the relief of obstruction to the introduction of air through the larynx, and where the opening is required to be maintained for a considerable time, it is possible that practical difficulties may be encountered in maintaining the opening without the tube. But I am strongly inclined to the opinion that such difficulties may be obviated by carefully attaching the skin to the tracheal opening by a number of fine sutures.

I am fully persuaded that the use of the tracheal tube is a source of irritation, and that it is very desirable to dispense with it if the object of the operation can be accomplished without it.

Medical Gymnastics for the Phthisical.

Dr. Drachmann, of Copenhagen, who is the director of a medical gymnastic institution, to which a number of young, anæmic, slender girls are brought from the age of nine to fifteen or sixteen years, has generally found in these subjects an arrest of development in the thorax, as well as insufficiency of the respiratory movements. He therefore proposed to himself the question whether it was not possible to develop the respiratory organs by the application of methodical and judicious gymnastics of the respiration, pursued for a certain time, and also whether there were any means of verifying this development. If the results were successful, he thought the plan would furnish a prophylactic against phthisis, to which disease a greater or less number of the young patients would be liable sooner or later. In a series of investigations made by the aid of the spirometer and the stethometer, Dr. Drachmann examined the vital capacity of the lungs and the space occupied by the movements of the thoracic cavity during respiration, his researches being conducted on healthy subjects of different ages and both sexes, and also on phthisical subjects in different stages of their disease; and he has compared the results thus obtained in a series of tables (*Nordinskt Medicinskt Arkiv*, vol. xii, 1880). The general conclusions he draws are important, and they are chiefly as follows: However great may be the differences in healthy subjects, the stethometric measurements, are, as a rule, greater in every direction than in the phthisical, even in the incipient stage of the disease. The stethometric and stethoscopic results do not always agree, the latter only showing the presence of alterations in the apices of the lungs, while stethometry shows a notable diminution of the whole space of the pectoral cavity; but, on the other hand, the discovery by the stethoscope of considerable alterations of the pulmonary tissue has always agreed with the stethometric indications. In certain cases stethometry is capable of discovering incipient phthisis before this can be done by the stethoscope. As a result of his tabulated researches, including the history of one hundred cases, Dr. Drachmann shows that, with few exceptions, the young girls under his treatment improved, both in respect to the vital capacity of the lungs and in the dilatation of the respiratory surface of the thorax, so that children often entered the institution as abdominal breathers, and went out as thoracic breathers.

The Nature of the Green Vomit.

The chemical and microscopical nature of green vomit has been made the subject of recent investigations by Dr. F. Betz (*Mémorabilien*, in London *Medical Record*). It was supposed that the green vomit (*vomitus æruginosus*) was the result of a greenish discoloration of brown biliary pigment, caused by the acid action of the gastric juice. The supposition received corroboration from the bitter taste of the vomited matter, associated with its acid reaction. Dr. Betz concludes, however, that the green color is not invariably due to the presence of bile. The color often varies from a yellowish-green or grayish-green to a grass green or dark-green, in accordance with the greater or less amount of the "green substance" and other admixtures. If green-vomit be allowed to stand in a vessel, the greater part of the greenish substance will sink, whereas a small portion, containing slime and fatty matters, will float on top. Shaking with water shows that the green substance is heavier than water and insoluble in it, a proof that bile is not the cause of the color. Agitation with chloroform or ether likewise demonstrates this, for neither fluid takes up the green substance. It may, however, be isolated by shaking with ether in a test-tube. This manipulation results in the appearance of three strata, an upper one, consisting of ether; a middle one, composed of the green substance; and a lower one, containing the gastric mucus. Strong sulphuric acid produces a red color; strong nitric acid leads to a yellowish discoloration of the green substance. Acetic acid develops and fixes the green color very completely. Tincture of iodine produces a yellowish-brown, and not a blue tint. Alcohol dissolves the green substance. In some respects it resembles the chlorophyll of plants. The alcohol dissolves it, and even retains the green color when boiled. The green vomit may be kept for months, and during the hot season, without spontaneous putrid fermentation taking place—a fact which militates against the possibility of its biliary or even animal nature. Dr. Betz also states that sometimes the green vomit has a neutral or alkaline reaction. Microscopical examination shows the green substance to consist of an amorphous, finely granular, greenish mass. Discoid heaps, or rounded colonies, are commonly observed. But the green substance may also form a lining over epithelial cells, salivary corpuscles, etc. From these facts

Dr. Betz infers the vegetable nature of this substance, and he adds that it is probably derived from punctiform algæ, which he calls *chlorococcus*. He denies any relation of this low fungus to other microphytes, such as the torula cerevisiæ, sarcina ventriculi, or oïdium. Finally, the author remarks that, apart from all other considerations, the frequent occurrence of copious green vomits would go to show that bile could not find its way into the stomach in such enormous quantity. The bitter taste of the green vomit receives its explanation, in part, from the frequent admixture of some bile, but it is also in part due to the presence of a bitter principle in the chlorococcus.

On Pain in the Side

At a late meeting of the Toronto Medical Society Dr. Phelan read a paper upon this very frequent symptom, which often warns us of incipient phthisis and other grave organic lesions. He mentioned a case where a lady had been examed by him for "pain in the side" at 10 P.M., and although a physical exploration of the chest could not explain the cause, she died before morning, from hæmoptysis. It is a common source of complaint in coal-heavers and grain-shovelers, from excessive use of the pectoral muscles, and a few days' rest generally effects a cure. In asthmatic patients it frequently arose from strain upon the diaphragm, and he had found a hypodermic injection of morphia give prompt relief by resting the muscle in question. The old pleuritic adhesions are a frequent cause of this symptom. When on the left side it is often due to disease of the spleen, and morbid conditions of the blood may be detected by the microscope in many cases. In hysterical females it is very common, and a placebo of chalk will in these cases at times remove the pain as speedily as a morphia powder. In conclusion he mentioned the case of Paul Broca, who, although dying from a thoracic aneurism, complained only of a "pain in the side."

Reviews and Book Notices.

BOOK NOTICES.

A Treatise on the Materia Medica and Therapeutics of the Skin. By Henry G. Piffard, A.M., M.D. Wood & Co., New York City.

A Treatise on Diseases of the Joints. By Richard Barwell, F.R.C.S. Second Edition. Wm. Wood & Co.

These two volumes are members of the series of Wood's Library of Standard Authors. Dr. Piffard's work is divided into two parts, the first embracing all the drugs which he has found recommended in diseases of the skin; the second part treating principally of the diseases, considered under the usual headings, definition, etiology, diagnosis, prognosis and treatment. A bibliography and formulary are added.

Barwell's Diseases of the Joints, the first edition of which was published many years ago, has long been a standard work on this subject, and the present issue has received a careful revision and considerable enlargement. The two volumes are both useful additions to a medical library.

The Principles and Practice of Surgery, Being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M.D., LL.D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Vol. II. 8vo, pp. 1066. Philadelphia, J. B. Lippincott & Co., 1881. Cloth. Price $7.50.

This volume carries the great surgical treatise of the author from chapter xi, to chapter xxiii inclusive. On the appearance of volume I we gave a full analysis of the author's plan and the extent of his treatment of the various departments of surgical science, to which we would refer the reader. (Reporter, volume xxxix, p. 385). There will appear still a third volume, which is announced to be "in process of rapid preparation," and which will complete the work.

The present volume has the chapters on dislocations, diseases of the joints, excision of joints and bones, venesection, general considerations with regard to operations (as preparation of patients, dressing, after treatment, diet, etc.), anæsthetics, amputation, shock and traumatic fever, furunculus, injuries and diseases of the genito urinary organs, surgical diseases of women, surgical affections of the spinal region, malformations of the head, and surgical diseases of the mouth.

As above noted the volume has nearly 1100 pages, large size, and it is embellished with 789 wood-cuts. Every subject is treated with a great deal of thoroughness, and representing as it does the work substantially of one man, and one closely occupied with practice and lectures, it gives us a striking instance of the success of earnest and constant labor. As to the merits of the treatise, from a scientific point of view, the reception of the first volume has rendered an opinion unnecessary.

The Kansas Medical Directory. By F. F. Dickman, M.D. For sale by the author, Fort Scott, Kansas. Price $2.00.

This directory furnishes a tabulated list of the physicians in Kansas, arranged by counties, and indicating to some extent the professional standing of each. The medical societies are also given. It is a useful volume for the purpose for which it is designed.

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THE SOCIAL STATUS OF THE MEDICAL PROFESSION.

It has always been a grievance with the profession in Europe. that its social position has been placed too low. Of the three so-called "learned" professions it ranks the lowest, and it never has pretended to equal the military or diplomatic service. The bar and the pulpit, the sword and the gown, have, in all periods of English history, overslawed the medical man. No physician or surgeon has ever been raised to the peerage; while necessarily admitted to the most intimate personal relations with illustrious personages, he is forced, on public occasions, to concede precedence to every class his equal in learning, and to many his inferior.

There is reason in this. The medical man is a manual laborer, a "chirurgeon," literally a "hand worker;" his proceedings are "maneuvres," works of the hand; his art is that of a skilled laborer whose success lies in his manual dexterity; and his work is none of the cleanest. Sir Astley Cooper was spoken of for the peerage, but a proud noble condemned his chances by asking who would want a peer of the realm ready, for a guinea, to examine a rectum with his finger? A famed obstetrician was seeking the same honor, but was rebuffed by the satirical observation of a peer, that the petitions to him would be extracted from the Litany, "Good Lord, deliver us."

Another reason is that he is a tradesman. His hand is extended for the shilling which he earns. This is not the case with the English barrister. His fees are not tendered him by clients, but indirectly, through attorneys. In this immediate grasping for money, this direct contact with lucre, there is believed to be something deteriorating, disennobling—and so there is. It was long ago expressed by one whose words have never been successfully disputed, that the direct pursuit of money has something in it inconsistent with the best and finest developments of human nature.

Nevertheless, the English profession is restive under this state of things. The *Lancet* complains, in a recent editorial:—

"The place of the medical profession in a high state of civilization is not yet fully defined, and the deference which is its due, by every proper criterion that can be applied, has not yet been accorded to it. On the Continent the medical profession is rather a recommendation to political place and honor than otherwise. Here, hitherto, by statesmen it has been lightly esteemed."

Not long since, Dr. J. MILNER FOTHERGILL excited the intense ire of some of his associates by describing in a series of letters to an American contemporary the present low social position of the country doctor in England. In fact, his statements were correct, and could not be otherwise when we take into consideration the slender income of the average rural physician and the financial exigencies of higher social life.

It is not better in Germany. The physician there is far from holding an equality with even the inferior nobility. It has been a matter of wondering comment that a few have married into the higher classes. Last year Dr. WILM, an eminent physician of Breslau, married a Princess of Wurtemberg, greatly to the disgust of her relatives, no one of whom, probably, was his equal in education and mental vigor. He now runs a good chance of a professorship in the University of Breslau, and enjoys an extensive practice there. The celebrated surgeon, Prof. ESMARCH, is another of the few instances. His wife is aunt to the Princess VICTORIA, of Schleswig-Holstein, now affianced to Prince WILHELM of Prussia, heir to the imperial throne of Germany.

Such examples are extremely rare. Probably it is in France that the distinguished physician obtains the highest social awards. There is a directness about the French mind which seizes the relations of social life more quickly than any other. The French are and always have been leaders in this. Their example will in time be followed by other nations.

In this democratic country of ours such invidious distinctions do not obtain. There are no discriminations against any honest avocation. The man is judged by his merits and the success which they bring him. He gains whatever social life has to offer without difficulty, if he makes it an object to do so. He is little the better for belonging to a learned profession, and certainly nothing the worse. This, we may take it, is the proper light for him to be viewed in.

THE EDUCATION OF THE PUBLIC IN HEALTH MATTERS.

The importance of taking measures for the public health is strangely undervalued in the United States. Ever so many States have no Boards of Health, no Bureau of Vital Statistics, no regulations for vaccination, in short, not a single active law on their Statute Books looking to saving their inhabitants from preventable deaths. Outside of Basuto land and similar regions, no such dense ignorance and gross carelessness prevails.

What we need in every State, and in every town and city, is properly qualified officers, who will take charge of the collection of vital statistics, the study of epidemic diseases, the regulation of quarantine, the registration of disease, the employment of experts in judicial investigations, the enforcement of vaccination and revaccination, the inspection of schools, factories, prisons and asylums; the organization of hospitals, the examination of the food supply in all its branches, the analysis of waters, and a score of other matters, which any one will see should come under the supervision of the State.

Not only through official bodies of the kind referred to, but through private organizations, must the level of health be raised to the requirements of an enlightened sanitation. In this category come all associations which aim to give reason the preëminence over passion and custom. The temperance clubs, cooking schools, health societies, and such bodies, all work toward the same end of improving the physical well-being of man by instilling self-control and a judicious use of the means of sustenance and enjoyment at his command.

Again, there are the numerous popular books upon health, hygiene and kindred subjects, which aim to teach the mass of readers the

laws of life and health. Some years ago there was a prejudice in the profession against this class of works, and consequently their preparation was left to inferior men and enthusiasts, who often advocated absurd theories or disseminated imperfect statements. The last ten years have witnessed a great change. It is no longer a questionable act, but a decided credit for a physician to write a successful book on physiology and hygiene, so that at present that class of publications presents excellent instances of sanitary readings. We have but to refer to the Health Primers, one series issued in London and another in Philadelphia, to illustrate the truth of this statement.

Lectures and journals, instruction in public and private schools and through the columns of the newspapers, are other means aiding in extending the knowledge of the laws of health. Probably these are the least perfect of the methods we have mentioned. Certainly one often meets advice in the newspapers which is quite comic, but which might be tragic were it put into practice.

The distribution of brief, plainly worded tracts on health has been successfully practiced by the National Health Society of England. Very properly, many of these are directed to instructing mothers in the care of their children. The Society very properly urges that those who are duly alive to the dangers with which their own children are surrounded, must, or ought to be, anxious to assist others less wise than themselves; and it is with this object that, among other means, simple lectures are arranged by this Society for the poor women of the crowded districts of London, who are, for the most part, ignorant of the perils to which their children's lives and health are exposed from causes under their own control. The whole aim of the National Health Society in spreading established knowledge and encouraging its practical application, whether among rich or poor, is eminently in accord with science, and conducive to the general good; and is deserving, therefore, of support and imitation. But few more ample fields for its work can be found than that which is here treated of; for it is in matters such as these, where error often renders cure impossible, that the most fitting application is found for the Society's motto, "prevention is better than cure."

Much good has been accomplished by this Society, but the field is wide and the laborers are comparatively few.

Our nation is a scattered one, but it is also a reading one. Actual illiteracy is rare. The colporteurs and canvassers of books penetrate the most secluded counties. In this way sound thought can be diffused everywhere, and if it is supplied in attractive shape it will accomplish vast good. There is great need for it, and nothing so much as it could be suggested which would add to the happiness of mankind.

Notes and Comments.

The Cause of Rigor Mortis.

This question is discussed in a recent paper by Prof. Latham, of Cambridge, England:—

Muscle during life has an alkaline reaction; but after death it becomes acid, owing to the development of lactic acid. This substance, Dr. Latham points out, may be derived from the glycogen of the muscular tissue, or from alanine, a substance metameric with sarcosine; and he suggests that it may be set free by the removal of the controlling nervous power. In muscular tissue, he holds that there must always exist the elements of (1) urethane; (2) cyanic ether + water; (3) urea. When the nerve-force is cut off by death, the decomposition of (1) and (2) would produce sarcosine, which might be sufficient to account for *rigor mortis*; or it may be that this rigidity is increased by the combination of cyanic ether with urea, producing a crystalline compound. Professor Latham thinks that the action of salicylic acid in rheumatism may be explained by its entering into combination with the elements of muscular tissue in the process of disintegration, and so preventing the formation of lactic acid.

Ergotine in Coughs.

A correspondent writes to the *British Medical Journal*, January 29th:—

Ergotine, injected hypodermically, in doses of from one to three grains, is a remedy of notable power in allaying coughs of various lung conditions, and in diminishing sputum. Unlike some

potent drugs, that occasion general distress out of proportion to possible good results, ergotine is not followed by any constitutional disturbance. However injected, there is local irritation; if into the subdermal connective tissue, suppuration may take place; it should be thrown deeply into a muscle, as the deltoid. In a small proportion of cases it entirely fails. Sedative effect persists for a day or two; is likely to control a cough that has defied even the most cunningly devised linctus.

In the severe harassing cough of advanced phthisis, not unfrequently exciting sudden fatal hæmoptysis, ergotine is indicated as a prophylactic.

The internal administration of the liquid extract of ergot, in moderate or tolerably large doses, does not seem to have the same effect.

Morbid Sweating at the Menopause.

In a recent thesis by Dr. Bouveret, it is stated that habitual general sweating may show itself in variable and ill understood etiological conditions. One of the most interesting is that of the menopause, which M. Liégeois has studied very completely. It is well known that, at the menopause, women are subject to flushes of heat and sweating; but what is less known is, that these sweats, though independent of any other affection, may become morbid. It may not be the case always of women who no longer menstruate: the hyperidrosis may come earlier, and appear when the near approach of the menopause announces itself by certain irregularities of menstruation. It is not always a passing symptom; M. Liégeois cites several cases where women were affected by it for several years; he was able, however, in most cases, to check it by the use of atropine. In most of these patients the hyperidrosis appeared especially towards the end of the night. M. Liégeois advises the administration of atropin some hours before the expected return of the sweating. Half a milligram is a sufficient dose: it is well to continue the medicine several days after the cure.

The Detection of Coffee Adulterants.

It is said that over three million pounds of chicory are imported into the United States annually, to be used in the adulteration of coffee. Dandelion root is also largely used. A British chemist states that these substances are readily deprived of color by a weak solution of chloride of lime (hypochlorite), and that this agent has very little action on the coffee. When this method is adopted, a portion of the coffee should be gently boiled a short time in water, with a little carbonate of soda, so as to remove extractive as much as possible; after subsidence the liquor should be poured off and the residue washed with distilled water. When this has been sufficiently done, a weak solution of the hypochlorite of lime is to be added and allowed to remain, with occasional stirring, until decoloration has taken place, which will probably be in two or three hours. The coffee will then form a dark stratum at the bottom of the glass, and the chicory a light and almost white stratum floating above it, and showing a clear and sharp line of separation.

The Dangers of Vaginal Injections.

At a meeting of the New York Obstetrical Society (N. Y. *Medical Journal*) Dr. Chamberlain alluded to several cases in which so much pain had followed vaginal injections of hot water that the use of them had to be suspended. In two patients they had seemed to cause perimetritis. One of these patients was under treatment for metritis and parametritis, and the os was patulous; in the other case there was stenosis; in neither was there any reason to infer that water had entered the uterus, for there was no quick, after coming uterine colic, but rather a slowly developing pain and tenderness. In order to guard against active or passive ingestion of water, he commonly advised that the patient should take the half-sitting posture, with the perineum at the edge of the couch or bed, and use the fountain syringe, with a nozzle closed at the end. Care not to insert the nozzle too far was also enjoined. He believed that, in the cases mentioned, the perimetritis was developed by the direct action of the heat—a thoroughly exceptional result, and yet worthy of note.

Chian Turpentine in Epithelioma of the Cervix Uteri.

The N. Y. *Medical Journal* states that at a recent meeting of the New York Obstetrical Society Dr. Polk related the case of a woman whom he saw last spring, who was suffering from continuous and rather profuse metrorrhagia, and in whom all the physical signs of epithelioma of the cervix were recognized. Chian turpentine was ordered, and she continued it through the summer—twenty-five grains a day. From May to September there was no change of the physical features of the affected part, but the patient's general condition improved. September 15th, she

entered the hospital. Up to that time the hemorrhage had been slight, but almost continuous. Since that date, still taking the turpentine, she had lost blood only about five days in each month, and a leucorrhœa with which she had been affected was decreasing. Physical examination, yesterday, showed the cervix very much smoother, with but few distinct nodules, and rather rough manipulation was required to produce even slight loss of blood.

The Active Principle of Hydrastis.

At a recent meeting of the Pharmaceutical Society of Philadelphia, Dr. L. Wolff made some remarks upon an improved method of obtaining the alkaloids of *hydrastis canadensis*, which he thought worthy of notice by those making them. It consists in exhausting the root of the fatty oils by percolating with gasolin before proceeding to prepare the alkaloids; the advantage derived by this procedure is quite considerable; the purification and crystallization of the hydrastia is effected with greatly less trouble. An inquiry was made whether hydrastia had any remedial powers other than those of the tonic effects of the berberina associated with it, which was answered by a positive statement that the astringent effects and the control of unnatural discharges were due to the hydrastia, while berberina had a remedial power as a tonic and cholagogue of its own.

Diarrhœal Disorders of Infancy.

Our correspondent, Dr. L. A. Davidson, of West Virginia, writes:—

I offer the following as a remedy in diarrhœal disorders of children, when the child has passed dentition, and diarrhœa has been protracted some time, through summer heat:—

℞.	Syrupi sacchari albi.,	℥j
	Pulv. rhei,	℥j
	Sodii bicarb.,	℥ss
	Pulv. calumbæ,	
	Pulv. pepsin Americanæ, āā	℥ij
	Tinct. capsici,	gtt.xxj. M.

One teaspoon'u', every other time the bowels move, in *new, cold, alkaline milk* (as can be had in rural districts.)

To Relieve Burns from Mineral Acids.

An exchange quotes from the *Bulletin de Thérapeutique* the details of a serious accident which occurred during a chemical lecture, in which two students were seriously injured in the face by the explosion of a flask containing boiling sulphuric acid. The remedy applied was a soft paste of calcined magnesia and water, with which the face was covered, in layers two millimetres in thickness. The intense suffering which was first experienced ceased entirely about a quarter of an hour after the application of the remedy, and although the magnesia requires to be renewed in the course of twenty four hours, in the case of a severe burn, the patients, after recovery, retain no marks of the accident.

Special Reports.

NO. IX.—OPHTHALMOLOGY.

BY C. S. TURNBULL, M.D.

(*Continued from page 445.*)

To Dr. R. O. Born we are again indebted for a translation from the German for the second half of 1879. (*A. f. O.*, Vol. IX, No. 4.)

Carl, *A Case of Duboisine Intoxication* (Z. M. 1879, p. 337). After 3–4 drops of a one per cent. solution, dryness of the throat, somnolence and delirium, lasting several hours (in a child) (Comp. Jones, also Seely p. 000).

Doyer, on *Atropine, Daturine, Duboisine, Eserine, Gelsemine, Pilocarpine* (Internat. Med. Congr., Amsterdam, *C. f. A.*, p. 308), says:—

The action of eserine has a relation to pilocarpine as 32 : 1. Small doses of eserine act only upon the pupil, not upon the accommodation. Small doses of pilocarpine act upon both. The myopia after eserine is higher, but of shorter duration than after pilocarpine; the myopia from eserine can reach five dioptrics. The action of pilocarpine has passed off after twenty-four hours; that of eserine lasts four days. A minimum dose of gelsemine acts after one hour, and its action disappears after two hours; atropine acts after one, ceases after twenty-four hours; daturine acts after 1.7, ceases after twenty-four hours; duboisine acts after 2.5 and ceases after twenty-four hours. In all of them the mydriasis precedes their effect upon the accommodation.

H. MacNaughton Jones, on *Eserine, Pilocarpine, Duboisine, Gelsemine* (Brit. Med. Assoc., Cork, August 5–8, 1879. *C. f. A.*, p. 238), recommends the hydrobromate of eserine in marginal corneal ulcers, in perforation of the cornea, in traumatic keratitis, in suppuration of the cornea after extraction, in mydriasis, diplopia, asthenopia, disturbances of accommodation, glaucoma. Gelsemine (0.3: 30.0) for ophthalmoscopic purposes, on account of the short mydriasis.

Landesberg, on *The Therapeutic Use of Eserine in Glaucoma* (*A. O.*, Vol. VIII, p. 264), says:—

"Eserine is not only an unreliable but also a very dangerous remedy, since, by its primary results, it may lull the patient as well as the

attending physician into a delusive security, endangering thus the favorable chances of another more efficacious therapeutic action. Our first indication in glaucoma must still be the operation."

He also speaks of *The Therapeutic Use of Jaborandi and Muriate of Pilocarpine in Eye Diseases* (*A. O.*, Vol. VIII, p. 118):—

"Both are effective in the absorption of intraocular hemorrhages, opacities of the vitreous and serous effusions. It is advisable to begin at first with the smallest dose and to act afterward according to indications. Subcutaneous injections of pilocarpine are generally better borne than the internal administration of jaborandi. In regard to the myotic qualities, eserine is greatly superior to pilocarpine."

SEELY, *On the Use of Duboisine* (*A. O.*, Vol. VIII, p. 79), says:—

It does not irritate the conjunctiva, but it is liable to produce constitutional symptoms. A three-grain solution will answer any purpose.

FANO has cured hysterical amblyopia by antispasmodic remedies (*J. d' O.*, Vol. VII, p. 38).

HANSEN mentions corneal abscess as cured with the actual cautery. (*Hosp. Tid.*, 1879, Nos. 11 and 12.)

SATTLER recommends, in keratitis, antiseptic treatment and the use of the actual cautery. (*Ber. d.* 12, *Vers. d. Ophth. Ges., Z. M.*, Vol. XVII.)

BEAUMETZ has cured hysterical blindness with metallo-therapeutics and electricity. (*Gaz. des Hôp.*, Nos. 55 and 56.)

HIRSCHBERG reports the *Successful Removal of a Piece of Iron from the Eye with the Electro Magnet.* (*Berl. Klin. Wochenschr.*, 1879, No. 46.) "He speaks of the removal of foreign bodies from the eye with the magnet, and of the scleral sections made for that purpose. Real triumphs are gained with the magnet only in those cases where we have to deal with a piece of iron which has but recently entered and is suspended in the vitreous, and which, with forceps, hooks, and spoons, can but rarely be removed without permanent damage to the eyeball."

MANCHE wants to use the magnet also for the extraction of foreign bodies from the iris and the surface of the lens. (*A. d' Ophth.*, H. 2 and 3.)

The reviewer (H. Magnus) wishes to recall the fact that, for the extraction of iron splinters from the cornea, the magnet had been used as early as 1646, by Fabricus Hildanus, and, as he expressly mentions, at the suggestion of his wife. (Comp. Fabr. Hildani, opera observationum et curationum. Frankfort-on-the-Main, 1646; Cent. 5; Obs. 21.) Unfortunately, just for that purpose, it was as unnecessary as ineffective.

BOWMAN says, in speaking of glaucoma, that sclerotomy is preferable in many cases, but leaves undecided in which.

Before the operation, eserine; during the operation, anæsthesia; later, especial care that the bandage is not too tight. (Inter. Med. Congr., Amsterdam, 1879.)

JANY, on the *Effect of Sclerotomy* (Ber. de 12. Vers. d. Ophth. Ges., Z. M., vol. XVII), recommends Graefe's knife, which he prefers to Wecker's sclerotome. When eserine does not act and when the anterior chamber is very shallow, he finds this operation counterindicated.

KNAPP reports, with remarks, on a *Sixth Hundred of Cutaract Extractions*, performed according to v. Graefe's method (*A. O.*, vol. VIII, p. 200), with important observations on *peripheric capsulotomy.*

KNAPP records *A New Operation for Entropion and Trichiasis.* (*A. O.*, vol. VIII, p. 249.) Incision along the upper margin of the tarsus, removal of a strip of the muscular layer, three mm. broad; then application of four sutures, above and below, only through the skin of the lid, but in the depth through the aponeurosis upon the upper third of the tarsus, in order to unite the skin of the lid firmly to the upper margin of the tarsus.

HOTZ remarks, *On the so-called Ptosis Atonica*, concerning its nature and treatment. (*A. O.*, vol. VIII, p. 400.) He unites the skin of the lid with the upper margin of the tarsus in a similar manner as in his entropion operation.

SNELLEN writes, on *The Antiseptic Method in Eye Operations* (Intern. Med. Congr., *C. f. A.*, p. 310), the lids and also the hands of the operator are washed with a two per cent. solution of carbolic acid. The instrument must be disinfected with alcohol, not with carbolic acid, *which makes them blunt.* No spray.

APPIA and GUNNING: In considering *Trachoma*, Gunning states that in Amsterdam trachoma occurs among Christians in three to four per cent.; among Jews in forty to fifty per cent. (Intern. Med. Congr. 1879. *C.f. A.*, vol. III, p. 310, with remarks of *Hirschberg.*)

EPSTEIN states *the frequent coincidence of puerperal septicæmia* with *blennorrhœa neonatorum* (*A. f. K.*, vol. I, p. 44).

GALEZOWSKY thinks that in blennorrhœa of the conjunctiva, the density of the connective tissue in adults causes sphacelus of the cornea (*Rec. d' Ophth.*, July, 1879).

MARTIN, GEORGES, thinks the *Keratitis of Harvesters* is the same process as hypopyon or ulcus serpens (Intern. Med. Congr., Amsterdam, 1879, *C. f. A.*, vol. III, p. 312).

OELLER notes the occurrence of *Retinitis and Purulent Cyclitis in Cerebro spinal Meningitis* (*A. f. A.*, vol. VIII, p. 357).

BEAVER, DANIEL, records a case of *Sympathetic Ophthalmia* of unusual interest, with general remarks, and we would recommend those seeking practical advice upon this disease to refer to vol. XL, p. 225 (1879), of this journal, and read Dr. B.'s article.

ANGEAR reports a case in which there was *forty-eight hours of blindness at the parturient period*; twelve hours before the confinement, absolute amaurosis; twenty-four hours later, perception of light; after the lapse of again twelve hours, absolute recovery of sight without any objective changes (St. Louis *Med. Surg. Jour.*, vol. XXXVI. 1879).

BERLIN on *Visual Disturbances after Injuries to the Skull* by blunt instruments. They are mostly one sided, occur suddenly, mostly as amaurosis, and are incurable. Among 126 cases there were 89 fractures of the base of the skull, and of 80 fractures of the orbit there was in 54 a lesion of the optic foramen, and in 42 cases hemorrhage into the optic nerve sheath. The rare double-sided disturbances of vision are not so much due to fracture of both canals as to fracture of the sella turcica (Ber. der Ophth. Ges. z. Heidelberg, p. 9, 1879).

PARINAUD (De la névrite optique dans les affections cérébrales). 1. A case of hydrocephalus with double neuritis; 2. Tumor of the cerebellum, double neuritis with normal acuteness of sight; 3. Tumor of the left frontal lobe without neuritis; 4. Multiple tubercles of the brain and hydrocephalus; choked disc in both eyes; 5. Fracture of the skull, hemorrhage into the piamater, the fourth ventricle and the sub-vaginal space of the optic nerve; slight opacity of the optic discs. The author comes to the conclusion that the different intracranial affections can produce choked disc only when combined with hydrocephalus. The latter must even be considerable and find a sufficient resistance from the bones that the intracranial pressure may be increased. It has no immediate relation to the intra-ocular circulation. Schwalbe's theory of migration is not sufficient to explain all cases (Ann. d'Ocul., vol. LXXXII, p. 5).

WOLFE thinks that *the Excessive use of Tea is one of the causes of Fluidity of the Vitreous*, and ascribes the injurious influence to tannin (Brit. Med. Assoc., Cork, Aug. 1879).

GJERSING reports *Frequent Occurrence of Cataract* in a peasant family. Among twenty-six members of the family, twenty had cataract. (*Ugeskrift f. Läger*, R. 3, B. 26, No. 18.)

MORTON, STANFORD, reports *Congenital Displacement of both Lenses, occurring in* several members of *one family*. (*Ophth. Hosp. Rep.*, Vol. IX, No. 3, p. 435.)

GRAEFE, A., on *Myopia and Divergence*, against the view of Donders, maintains his theory that the slight demand on the accommodation, which naturally exists in the myopic eye, is the main cause of latent divergence. (*Bresl. Arztl. Zeitchr.*, Vol. I, No. 7.)

NICATI, *La myopie dans les écoles de Marseille*; 3434 examinations. The Israelites showed a higher percentage of myopia than the Christians. Brown and black eyes are noted with 11 per cent.; blue and gray eyes with 18 per cent. (*Gaz. Méd. de Paris*, No. 38.)

LANDOUZY. ("*De la déviation cojuguée des yeux, et de la rotation de la tête par excitation ou paralysie de la* 6, *and* 11 *paire, etc.*") claims that in the former affection the patients direct their eyes and head toward the side of the paralyzed limbs, but that paralytics have a tendency to turn their eyes and head toward the affected side of the brain. (*Progr., Méd.*, Nos. 36, 37, 41, 43, 46.)

GALEZOWSKY mentions cases of *Syphilitic Orbital Tumors*. He thinks they are characterized by their rapid development, and are mostly accompanied by periorbital pain and paresis of some or most of the ocular muscles. The optic nerve is rarely affected; atrophy of the o.d. can be the result. Periostoses and exostoses are rarely limited to the orbit; they occur in acquired and congenital lues. (*Rec. d. Ophth.*, Août., 1879.)

SCHLAFKE. *The Etiology of Pulsating Exophthalmus*. Upon the post-mortem examination of one case where the left carotid had been ligated, and where a rupture of an aneurism of the carotid in the cavernous sinus was found, he tried to bring all the fourteen cases in which an autopsy had been made under the head of rupture of the carotid in the cavernous sinus; where, however, the interpretation of some autopsies seems forced. The rupture can be the consequence of a direct injury, or of a rupture of an aneurism, or of blood vessels which had been diseased by syphilis or atheromatous degeneration. Literature of 93 cases. (*A. f. O.*, vol. XXV, 4, p. 112.)

BECKER, O., on *The Relation of Eye Diseases to the Localization of Cerebral Disease*. Conclusions: 1. In cerebral diseases, the affection is always on both sides. 2. Neuritis, or neuro-retinitis alone does not prove the existence of central disease. 3. In primary atrophy we can recognize its tabetic nature by the shape of the visual field. 4. In hemianopsia we can also, without atrophy, accurately localize the central lesion. 5. Visual centres are in the cortex of both occipital lobes. 6. We obtain important clews for the localization, by closely studying the muscular symptoms. (Intern. Med. Congr., Amsterdam, 1879." *Wiener Med. Wochenschr.*, No. 38.)

SEELY, W. W., M.D., of Cincinnati, in speaking of the treatment of chronic conjunctivitis, says:—

"Facts are accumulating all the time that even purulency does not demand the astringent caustic treatment. If such is the case, how can the milder forms of inflammation make it necessary?

"Purulent conjunctivitis was the last I had the courage to abandon the usual treatment in.

"I firmly believe that the total abolishment of these agents would add vastly to the number of eyes saved. I write in the strongest terms, not because my success with these materials has been

less than the average, but rather from the fact that my observations of the results at home as well as abroad afforded me no encouragement for continuing the old plan.

"In all cases of trachoma in which the cornea was involved, I abandoned the astringent-caustic treatment and treated the corneal complication as I would a corneal disease without any conjunctival inflammation, viz: with the yellow oxide of mercury, and atropine, if it seemed to do no harm either to the cornea or conjunctiva."

(Experience has taught us to stick to the careful, daily, touching of the entire palpebral conjunctiva with the smooth crystal of sulphate of copper; we would emphasize the word careful, by saying: Touch the entire superior palpebral trachomatous conjunctiva with the *smooth* crystal, and before allowing the lid to escape, brush its surface with *cold* water so as to wash away all of the salt and continue the bathing of the eyes for at least twenty minutes).

"For some years it had appeared to me irrational that inflammations of a membrane should be treated with a material that, in many cases at least, sets up an irritation of this same membrane, viz, atropine.

"Again, it had seemed to me that in pure corneal inflammations, atropia was by no means an infallible remedy, but often a delusion and a snare.

"In my practice eserin has quite taken the place of atropine, even in that rebellious and destructive disease, *ulcus serpens corneæ*.

"I believe it must be the most extraordinary occurrence for a corneal complication to arise during a purulent conjunctivitis, *if* all irritating epithelial destroying substances are kept away from the eyes and the discharges either constantly removed or rendered innocuous."

(The "if" in this last paragraph is a large one, because corneal complications are the rule in des purulent conjunctiviti and to keep such free from irritating discharges, or to be able to render such innocuous, is next to impossible even with intelligent patients in the hands of experienced nurses. We fully agree with Dr. S. concerning the indiscriminate use of astringents by the inexperienced, but, while accepting and recommending his substitutes, must say that we have likewise found astringents are of decided value. They should never come in contact with the cornea. *This is the point.* They should be used locally, their action limited, and (we repeat for emphasis) they should *never be dropped* into the eye as is usually directed.

"Certainly astringents and caustics can with difficulty, if at all (render discharges innocuous), and the success obtained with them must be ascribed to cleanliness, in spite of the brilliant explanations that have been given for their action. They certainly are dangerous when coming in contact with the cornea, as every one has recognized.

"Every one recognizes cleanliness as a *conditio sine qua non* in purulency, but if we accept the parasitic theory antisepsis or asepsis must be obtained, and the problem would be to discover the best material that can be used with safety.

"Finally, I cannot but regard the astringent-caustic method as irrational, dangerous and painful, and most satisfactorily finding a substitute in the yellow oxide and vaseline, a rational, safe and painless remedy."—*The Cincinnati Lancet and Clinic, December* 18*th*, 1880.

Our attention has of late been called to

A Most Dangerous Instrument,

now exposed for sale by the leading apothecaries of this, and we are sure, of other cities. It was originally imported from France, under the name of "Aspirateur Clyso-Pneumatique;" and has been pirated and made in this country, and called the "eye-cup." Fortunately the American copy is usually sold without directions, but this French optical blunderbuss is recommended for the painless removal of foreign bodies *from within the eye*, as useful in the treatment of all diseases of the eye, and in changing the shape of a presbyopic eye so that glasses will not be required. We have captured this terrible instrument in the hands of both private and clinical patients, strenuously advised others against its use, and have been called upon to witness retinal congestion and hemorrhage; also, lenticular corneal, conjunctival, and palpebral changes or inflammations, and in one case total blindness (from detachment of both retinæ in a boy of twelve years); all caused by the use of the infernal instrument referred to.*

By permission, we publish the following communication received from a well-known authority, Dr. DUDLEY S. REYNOLDS, of Louisville, Ky.:—

"I do not know who it was, if any one at all, who made reference to the dangers attending the use of the patent pneumatic exhausters for the eye. I have frequently called attention to the dangers attending the use of the widely advertised eye cups, the structure of which is no doubt familiar to you.

"A few months ago I had a case of traumatic

* It consists, essentially, of a glass cup, to fit the eye outside of the lids (as does the ordinary eye-glass) which opens into a glass tube, or, as in the French apparatus, opens into an expanded glass tube, or reservoir, which connects with a hollow, stiff, rubber ball. By at first compressing the ball and adjusting the glass over and upon the eye, and subsequently relaxing pressure upon the ball, a vacuum is formed, suction power is exerted and the eye may be literally drawn from its socket.

Within the past six months we have seen warning mention of this instrument made by some gentleman, before the meeting of a medical society; but, even after correspondence with many authorities, all search for such reference has been unsuccessful on our part. We should be glad to place his name on record as a public benefactor.

cataract, produced by the application of the so-called eye cups and consequent rupturing of the capsular ligament of the lens. I have now under treatment the case of a gentleman who was but slightly presbyopic, and who was induced to lay aside his glasses to try the power of the eye cups, which were highly recommended by a CLERGYMAN in the neighborhood. The unfortunate man, after the first application of the cups, had a sense of cramping in the eyes, as he called it, which was followed by dimness of vision and flashes of light, and in a short time he noticed limitation in the field of vision. He came to Louisville in a great state of alarm. Examination revealed hemorrhages into the vitreous in both eyes, and in the left eye there was hemorrhage into the anterior chamber.

"I have known quite a number of similar instances of the dangerous results of the so called eye cups, which, I suppose, are the pneumatic exhausters referred to in your letter."

CORRESPONDENCE.

Therapeutic Uses of Tobacco.

ED. MED. AND SURG. REPORTER:—

In looking up the medical uses etc. of tobacco, I find that very little mention is made in the various therapeutics of its employment as a constituent of poultices. Believing it to be a means of great value in certain painful affections, I desire to bring its use to the attention of physicians. Tobacco poultices were at one time rather generally used, but for some reason or other their efficacy has of late been lost sight of. I hope that the slight resurrection which I may occasion may prove of service to the profession.

A case or two from my note book will serve to illustrate the good effects of tobacco poultices.

Mrs. M., last fall, had intermittent fever, contracted through the ignorance of her physician in directing her, on the tenth day after confinement, to sit up the greater part of the day, and for nearly an hour to remain by an open window overlooking a large lot full of decaying leaves, weeds, animal matter, etc.

I was called in on the following day. Among the symptoms which presented themselves, I found over the chest great tenderness and pain on the slightest pressure. I diagnosed this to be due to an irritated condition of the nerves or nerve-endings; and ordered flaxseed, mush and other poultices, one after another, but without avail. The pain still continued. I then gave medicine, belladonna ointment, etc. I exhausted the list without giving relief.

I mentioned the case to my friend, Dr. J. V. Myers, of this city, who advised me to use a poultice of flaxseed and tobacco, equal parts, care to be exercised as to the toxical effects of the latter. I took advantage of the advice. The alleviation of the pain, which before the application was excruciating, was immediate and permanent. The relief was beyond my expectations. On the same patient, this same poultice has on one or two occasions since done equally good and effective work.

Mrs. J. had an attack of perityphlitis. For the pain, I ordered the usual medicines, together with mush and flaxseed poultices. These had no effect. I then had applied the poultice of flaxseed and tobacco. There was an almost instantaneous cessation of the agonizing pain from which, for two days, the patient had suffered.

I cite the two above cases, because I know that there can be no mistake, but that the tobacco was instrumental in doing the good work.

In all instances when a simple poultice does not meet with the success desired, I add tobacco to it, in the proportion of one half. The leaves are the best for the purpose; but the various kinds of clippings in the manufacture of cigars, etc., will answer. The tobacco should be cut up finely, and then well mixed with the flaxseed; the poultice is made in the usual manner. A fine piece of linen, or gauze, is to be placed between the poultice and the body. Care must be taken that the part to which the poultice is to be applied is not denuded of its skin, for the tobacco may, in such a case, give rise to symptoms of poisoning. I think, that, with ordinary care, there can be no danger; in my hands this poultice has proven of great value.

I would ask that the readers of the REPORTER employ this poultice when indicated, in the stead of the simple flaxseed poultice, and report their success or failure, as the cases may prove to be.

G. MAXWELL CHRISTINE, M D.
1105 *Diamond St.*

NEWS AND MISCELLANY.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service. January 1st, 1881, to March 31st, 1881.

Bailhache, P. H., Surgeon. Detailed as chairman, Board of Examiners, Jan. 4th, 1881.

To proceed to Barnstable, Boston, and New Bedford, Mass., and Providence, R. I., as inspector, Feb. 1st, 1881.

To proceed to Wilmington, N. C., as inspector, assume temporary charge of the Service, and superintend the re opening of the Marine Hospital at that port. March 12th, 1881.

Long, W. H., Surgeon. Detailed as member Board of Examiners, Jan. 4th, 1881.

Fessenden, C. S. D., Surgeon. Detailed as chairman Board of Survey, for the physical examination of officers of the Revenue-Marine Service. Feb. 8th, 1881.

Doering, E. J., Surgeon. Detailed as recorder, Board of Examiners, January 4th, 1881.

Gassaway, J. M., Passed Assistant Surgeon. Detailed as recorder, Board of Survey, for the physical examination of officers of the Revenue-Marine Service, Feb. 8th, 1881.

Smith, Henry, Passed Assistant Surgeon. Granted leave of absence for thirty days, from March 1st, 1881, Feb. 8th, 1881.

Upon expiration of leave of absence, to proceed to Norfolk, Va., and assume charge of the Service, relieving Surgeon R. D. Murray, March 15th, 1881.

Irwin, Fairfax, Assistant Surgeon. When relieved by Assistant Surgeon W. A. Wheeler, to proceed to Wilmington, N. C., and assume charge of the Service, relieving Surgeon P. H. Bailhache, March 30th, 1881.

Guitéras, John, Assistant Surgeon. To proceed to Key West, Fla., and assume charge of the Service, relieving Passed Assistant Surgeon Smith. Feb. 5th, 1881.

Wheeler, W. A., Assistant Surgeon. To proceed to Charleston, S. C., and assume charge of the Service, relieving Assistant Surgeon, F. Irwin, March 30th, 1881.

Benson, J. A., Assistant Surgeon. To proceed to St. Louis, Mo., and report to Surgeon H. W. Sawtelle, for duty. Feb. 5th, 1881.

Carmichael, D. A., Assistant Surgeon. To proceed to Boston, Mass., and report to Surgeon J. Vansant, for duty. Feb. 5th, 1881.

Armstrong, S. T., Assistant Surgeon. To proceed to New Orleans, La., and report to Surgeon H. W. Austin for duty. Feb. 5th, 1881.

APPOINTMENTS.

The following candidates, having passed the examination required by the regulations, were appointed Assistant Surgeons, Feb. 4th, 1881:—Duncan A. Carmichael, of New York, and Samuel T. Armstrong, of Missouri.

The Diploma of an Herb Doctor.

Among the curiosities of diploma making is the following, presented to the County Clerk of Newark, N. J., by a colored herb doctor who claimed to be 99 years old:—

SIERRA LEONE, AFRICA, 1806.

I hereby set my hand and seal, in this year of our Lord, 1806, to write a diploma according to our rules and methods. This is granted to Dr. Delaney, after going to school from seven years old until twenty-one, then studied in Mondigo Herb College five years. This diploma was on him being a competent herb doctor. This is granted by the college, and signed by the Board of Health of the Mondigo Tribe.

[Signed] Dr. IVISON BURKE,
Dr. GEO. WASHINGTON,
Dr. SIDNEY SNYDER.

Dr. Delaney is now permitted to go in any part of this county or any other county to practice. [Signed] PETER HUANTY,
Clerk of the Mondigo College.

The document was written on elephant's skin, and had five United States postage stamps on it, for seals. The applicant was referred to the Secretary of Essex County Medical Society.

American Medical Association.

During the session of the American Medical Association, in 1881, a *daily edition* of the *Virginia Medical Monthly* will be issued, giving full reports of the Proceedings of the General Sessions and of the several Sections, as well as the Proceedings of other Associations that convene at the same time and place—such as the Association of Medical Colleges, etc. This daily edition will be printed with large-face type, in double columns, on quarto pages; and the number of pages will be limited only by the amount of material to be published.

The four daily issues (Wednesday, Thursday, Friday and Saturday) will be mailed to any address in the United States on receipt of forty cents, or ten cents a copy; to any address in Europe for fifty cents.

An abstract of the proceedings will appear as usual in the MEDICAL AND SURGICAL REPORTER.

Medical Geography.

Many interesting facts in reference to medical geography will be brought out by the new census. All physicians are aware of the numerous relations which altitude bears to the origin and progress of certain diseases. The new census will show that nearly one fourth of the people of the United States live on a level corresponding with that of Philadelphia, which is from thirty-two to one hundred and forty-three feet above sea level. Three fourths of the whole population of the United States live below the 1000 feet level, and only three per cent. above 2000 feet. The great settlements are almost of necessity directly on the seaboard or on the banks of navigable rivers, and it is this circumstance that puts such a large proportion of habitations less than one hundred feet above the sea level.

How Philadelphia Cares for its Foundlings.

The Society for the Prevention of Cruelty to Children have asked Judge Hare to have investigated, by the Grand Jury, allegations that nearly every foundling sent to the Philadelphia Almshouse dies within a short time after admission, the deaths being caused by improper food and unskillful treatment on the part of pauper nurses, as well as by the exposure to which the infants have been submitted. These charges are notoriously too true; but then, it would be highly immoral to establish such efficient Foundling Hospitals as they have in Paris—say the very good people.

American Medical Association.

The Pennsylvania Railroad having agreed to issue excursion tickets to Richmond, from Philadelphia, New York, and Pittsburg, all who desire to avail themselves of the reduction should apply at once, *with stamp* for orders.

W. B. ATKINSON,
1400 *Pine St., Phila.* *Permanent Sec'y.*

The Smallpox.

Sixty cases of smallpox are now reported in the Almshouse at Reading

Glover's Gap, a village in Marion county, West Virginia, is terribly afflicted with an epidemic of

smallpox. and all the doctors there being sick with the disease, there is no one to attend to the stricken The dead are left unburied, and all who could do so have left the place. The disease has spread to Burton, ten miles distant. The Governor was telegraphed to for help to bury the dead, and replied that the county authorities should attend to the matter.

Hospital Extensions.

New hospitals, one to be under the charge of the Little Sisters of the Poor, and the other under the Sisters of St. Francis, the latter a branch of St. Mary's Hospital, are to be erected this season, the former on Mill street, near Cedar, Germantown, and the latter on the west side of Broad, between McKean and Mifflin street. Additions are now being made to the Children's Hospital, the Pennsylvania Hospital, and the Philadelphia College of Pharmacy.

Hogs versus Babies.

The *Scientific American* thinks it a pity that babies have not a market value, like hogs. A death rate among the pigs less than one-third the death rate among children in our large cities, moves the Government to costly investigations of the cause, and to diplomatic correspondence with foreign nations, while Produce Exchanges get excited on the subject, and all the newspapers join in the discussion. The babies die by the thousand in New York and other overcrowded cities, and scarcely any notice is taken of the fact.

State Medical Society of Pennsylvania.

Excursion rates to the next meeting at Lancaster will be allowed by the Pennsylvania, Philadelphia and Erie, and the Northern Central Railroads.

Those who desire to avail themselves of these rates should apply at once, *with stamp*, naming the railroad over which they propose to travel, and the number of orders required.

W. B. Atkinson,
1400 *Pine St., Phila.* *Permanent Sec'y.*

Personal.

—Dr. F. J. Baker has removed from Youngstown, New York, to Lockport, New York.

—Dr. Wm. Rutherford Sanders, of Edinburgh, died February 18th. He was an active writer for the medical press and a popular medical teacher.

—Dr. Lauderdale, of Hernando, Mississippi, and his daughter, were both fatally injured, April 12th, by a tornado which demolished his residence.

—Dr. Horatio N. Loomis, who recently died in Buffalo, New York, at the age of seventy-four years, was the oldest member of the Erie County Medical Society, having been enrolled on its lists for forty-five years.

—The hospital at York, Pa., opens April 28th.

OBITUARY NOTICES.

DR. R. O. COWLING.

Dr. Richard Oswald Cowling, A.M., Professor of the Principles and Practice of Surgery in the Medical Department of the University of Louisville, founder and editor of the Louisville *Medical News*, died suddenly, of rheumatism of the heart, April 2d, 1881. He was born near Georgetown, South Carolina, April 9th, 1839, graduated at Trinity College, Hartford, and took his diploma in medicine at the Jefferson Medical College, in 1867. He at once began practice in Louisville. In 1868 he was appointed Demonstrator of Anatomy in the University of Louisville, and in 1870 adjunct Professor of Surgery; in 1873 Professor of Surgical Pathology and Operative Surgery, afterwards Professor of the Principles and Practice of Surgery. In 1867 he was appointed Surgeon General of the Kentucky State militia, on the peace footing. In 1876 he founded the Louisville *Medical News*, and soon after associated Dr. William H. Galt in the editorial management.

About that time (1876–7) much complaint arose throughout the country against the policy and management of the Louisville Medical College and the Nashville Medical College, on account of the charge that these two institutions had been holding two graduating terms in one year, and on account of other matters not necessary to mention. The Louisville *Medical News*, with great vigor, began a series of the most severe criticisms of these schools, which resulted in a change in their course in this respect.

Dr. Cowling was of fine physical frame, genial manners, and possessed of a witty and pleasant literary style.

QUERIES AND REPLIES.

Sir—Will some of the numerous readers of the Medical and Surgical Reporter give a cure for "Lithic Acid Calculi." Have used a great many remedies. They form and cause nephritic colic every two or three months. The patient, a male, aged 54, otherwise enjoys good health. G. B. S.

Constant Reader.—We know of no recent monograph on the subject of varicose veins.

W. S., of Pa., Asks for suggestions in a case of importance: the patient is temperate, and except flatulent dyspepsia, otherwise in good health.

A full array of the most reliable plans of treatment of this complaint is presented in Napheys' *Surgical Therapeutics.*

Sir—In answer to the query of Dr. D. Wood, in the last number of the Medical and Surgical Reporter, concerning the significance of œdema of the face and œdema of the legs, I would state that the report of my clinic was not entirely correct; the statement made by me being that if œdema first manifest itself in the face it is generally of renal origin.

William Pepper, M.D.

MARRIAGES.

BIBBY—TURNER.—On Tuesday evening, April 5th, by Rev. A. J. Rowland, D.D., Walter E Bibby, M.D., and Miss Mary M. Turner, both of this city.

SARGENT—LEDYARD.—On Thursday evening, April 7th, at the residence of the bride's mother, in Brooklyn, by the Rev. Dr. Edward O. Flagg, Dr. Dudley Allen Sargent, of Harvard University, and Ella Fraser, daughter of the late Wm. S Ledyard.